

Minutes of the meeting of the Finance Committee of the Board of Directors of the Cook County Health and Hospitals System held Friday, December 6, 2013 at the hour of 8:00 A.M., at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Butler called the meeting to order.

Present: Chairman Hon. Jerry Butler and Directors Ada Mary Gugenheim, M. Hill Hammock and Jorge Ramirez (4)

Board Chairman David Carvalho (ex-officio) and Mr. Donald Oder (non-Director Member)

Absent: Director Dorene P. Wiese, EdD (1)

Additional attendees and/or presenters were:

Gina Besenhofer – System Director of Supply Chain Management
John Cookinham – System Chief Financial Officer
Steven Glass – Executive Director of Managed Care
Randolph Johnston – System Associate General Counsel

Gladys Lopez – Chief of Human Resources
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board

II. Public Speakers

Chairman Butler asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered speaker:

1. George Blakemore Concerned Citizen

III. Action Items

A. Minutes of the Finance Committee Meeting, November 15, 2013

Director Gugenheim, seconded by Director Hammock, moved to accept the minutes of the Finance Committee Meeting of November 15, 2013. THE MOTION CARRIED UNANIMOUSLY.

B. Contracts and Procurement Items (Attachment #1)

Gina Besenhofer, System Director of Supply Chain Management, provided an overview of the requests presented for the Committee's consideration. The Committee reviewed and discussed the requests.

The following individuals provided additional information on the requests: Dr. Ram Raju, Chief Executive Officer; Gladys Lopez, Chief of Human Resources; and John Cookinham, System Chief Financial Officer.

III. Action Items

B. Contracts and Procurement Items (continued)

During the discussion of the proposed requests to increase and extend contracts for nurse agency services, Ms. Lopez provided an update on recruitment efforts. Dr. Raju noted that the System loses approximately twenty to thirty nurses per month for a variety of reasons, including retirement. In response to Director Hammock's inquiry regarding the percentage of the attrition that is due to retirement reasons, Ms. Lopez stated that she can provide this information at the next meeting¹. Additionally, Director Hammock inquired regarding the cost differential between temporary and permanent staff. Mr. Cookinham responded that, in some cases, it is hard to determine; he offered to come back at a future meeting with a comparison of the costs. Following discussion, it was indicated that, since a comparison was done in the past, another comparison would not need to be done at this time.

Errata was provided by Ms. Besenhofer for request number 6. She stated that the transmittal should reflect that the term of the contract is thirty-six months (not twenty-four months). During the review of the transmittal, Director Hammock inquired whether the contract was being retroactively executed back to January 1, 2013. Ms. Besenhofer responded that she will find out and provide a response².

Director Ramirez, seconded by Director Gugenheim, moved the approval of request numbers 1 through 7. THE MOTION CARRIED UNANIMOUSLY.

C. Any items listed under Sections III and IV

IV. Recommendations, Discussion/Information Items

A. Update on Section 1115 Medicaid Waiver Demonstration Project/CountyCare

Steven Glass, Executive Director of Managed Care, provided an update on the Section 1115 Medicaid Waiver Demonstration Project/CountyCare.

Mr. Glass stated that the data for November are mixed. On November 16th, all of the CountyCare application assistors transitioned to the Application for Benefits Eligibility (ABE) System; this is the State's new on-line application system. This transition, as in any transition to a new technology, resulted in a drop in productivity as the users learn the new system and gain confidence on how to use it best. In just two weeks, however, improvement has already been seen.

As a result of this information system transition, the number of daily applications initiated in November dropped to an average of 338 per day. At the end of November, just over 125,000 applications had been initiated year-to-date; this represents an increase of nearly 8,000 from the month before.

As in months past, the majority of applications (65%) continue to be initiated through the call center, the on-campus application assistors and other program vendors; 29% have been initiated from the CountyCare network partners; with the remaining 6% initiated from work within Cermak Health Services, which is located in the Cook County Department of Corrections.

IV. Recommendations, Discussion/Information Items

A. Update on CountyCare (continued)

On November 30th, over 92,000 applications had been submitted to the Illinois Department of Human Services (DHS) for processing. Of these, CCHHS has received verification that 61,020 have been approved as CountyCare members; this membership is 5,000 higher than the FY2014 budgeted membership of 56,131.

In November, the State processed an average of 543 applications per work day. This, coupled with the decrease in applications submitted, brought the backlog of applications to an estimated 23,800; this represents a decrease of nearly 4,000 pending applications from the month prior.

Mr. Glass noted that he will be giving a full overview of CountyCare at the December 13th Board Meeting.

Director Hammock, seconded by Director Ramirez, moved to receive and file the report. THE MOTION CARRIED UNANIMOUSLY.

V. Report from System Director of Supply Chain Management

A. Report of emergency purchases (Attachment #2)

Ms. Besenhofer presented the report of emergency purchases. The Committee reviewed the information.

For the Committee's information, Elizabeth Reidy, System General Counsel, provided an overview of the County's Procurement Code as it relates to emergency purchases; emergency purchases are those purchases made under an emergency situation regardless of the dollar amount.

Director Hammock, seconded by Director Ramirez, moved to accept the report of emergency purchases. THE MOTION CARRIED UNANIMOUSLY.

VI. Report from Chief Financial Officer (Attachment #3)

A. Financial Reports – through October 2013 (Attachment #4)

Mr. Cookinham presented the Financial Reports through October 2013, and provided a presentation regarding improving financial reporting. The Committee reviewed and discussed the information.

Mr. Cookinham's presentation included information on the following: CountyCare Revenue; Non-Operating Revenue; Financial Initiatives; and Income Statements. Discussion was held on the subject of improving the usefulness of the financial reports.

Director Hammock, seconded by Director Gugenheim, moved to accept the Financial Reports through October 2013. THE MOTION CARRIED UNANIMOUSLY.

VII. Adjourn

As the agenda was exhausted, Chairman Butler declared the meeting ADJOURNED.

Respectfully submitted,
Finance Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXXX
Hon. Jerry Butler, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXXX
Deborah Santana, Secretary

¹ Follow-up: Request for information on percentage of attrition that is due to retirement reasons – will be provided at future meeting. Page 3.

² Follow-up: Request for information regarding whether request number 6 is being retroactively executed to 1/1/13. Page 3.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
December 6, 2013

ATTACHMENT #1

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
ITEM III(B)
DECEMBER 6, 2013 FINANCE COMMITTEE MEETING
CONTRACTS AND PROCUREMENT ITEMS

Request #	Vendor	Service or Product	Fiscal impact not to exceed:	Affiliate / System	Begins on Page #
Extend Contract					
1	MHNU Corporation d/b/a Medical Home Network	Service - care management analytics for CountyCare	No fiscal impact	Managed Care	2
Extend and Increase Contracts					
2	STW Healthcare, LLC	Service - temporary staffing services	\$1,530,383.00	System, SHCC	3
3	PsychHealth, Ltd.	Service - behavioral health management	\$1,143,388.00	Managed Care	4
4	LMR Home Health Care, Inc.	Service - nursing agency services	\$559,000.00	CHSCC, JTDC, PHCC, ACHN, SHCC, OFHC	5
5	Advanced Care Services, Inc.	Service - nursing agency services	\$150,000.00	CHSCC, JTDC, PHCC, ACHN, SHCC, OFHC	6
Execute Contracts					
6	Abbott Lab (Diagnostic Div)	Product - cartridges and reagents for point-of-care testing (multiple hospitals and ACHN clinics)	\$861,026.10	SHCC	7
7	Rush Medical Laboratories	Service - renal biopsy consultations	\$336,294.00	SHCC	8

Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Steven Glass, Executive Director of Managed Care
DATE: 11/05/2013	PRODUCT / SERVICE: Service – Care Management Analytics for County Care	
TYPE OF REQUEST: Extend Contract	VENDOR / SUPPLIER: MHNU Corporation dba Medical Home Network, Waukesha, WI	
ACCOUNT: 896-260	FISCAL IMPACT: \$00.00	GRANT AWARD / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 01/01/2013 thru 06/30/2014		CONTRACT NUMBER: H13-25-005
COMPETITIVE SELECTION METHODOLOGY: N/A		
NON-COMPETITIVE SELECTION METHODOLOGY: X Sole Source		

PRIOR CONTRACT HISTORY:

Cook County Health and Hospitals System Board approved the Medical Home Network (MHN) contract on 12/14/2012 in the amount of \$2,947,760.00 for the services of project management and oversight as well as portal connectivity, management and maintenance. MHN has delivered advance care management analytics to support proactive care management for County Care's high risk population.

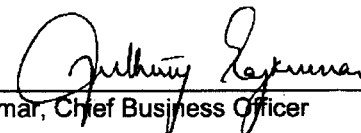
NEW PROPOSAL JUSTIFICATION:

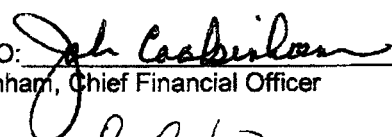
County Care, as an 1115 waiver demonstration project, ends 12/31/2013. This amendment is specifically to allow for back office services during the 90 day transition to become a Managed Care entity. During this transition, Medical Home Network has agreed to provide analytic services through June 30, 2014.

TERMS OF REQUEST:

This is a request to extend contract number H13-25-005 with no increase in the amount from 01/01/2014 thru 06/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

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BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

1

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: Mark Pisaneschi, M.D. Director of Radiology Joanne Dulski, Laboratory Director, CCHHS Russell Kelly, M.D., Chairman, Cardiology Division Laura Wahlfeldt, Director, Case Management Regina Besenhofer, Director, Supply Chain Management		EXECUTIVE SPONSOR: Claudia Fegan, M.D., Executive Medical Director John Jay Shannon, Chief of Clinical Integration/Interim Executive Director, Clinical Shared Services Anthony Rajkumar, Chief Business Officer <i>Anthony Rajkumar</i>	
DATE: 11/21/2013		PRODUCT / SERVICE: Service – Temporary Staffing Services	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: STW Healthcare, LLC, Hazel Crest, IL	
ACCOUNT: 897-275 Radiology Cardiology Case Management 890-275 Laboratory 890-260 Supply Chain Management		FISCAL IMPACT NOT TO EXCEED: \$1,530,383.00	
		GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 11/14/2011 thru 05/31/2014		CONTRACT NUMBER: H11-73-006	
COMPETITIVE SELECTION METHODOLOGY: <input checked="" type="checkbox"/> BID			
NON-COMPETITIVE SELECTION METHODOLOGY:			
PRIOR CONTRACT HISTORY: Contract H11-73-006 was approved by the Cook County Health and Hospitals System Board on 10/27/2011 in the amount of \$5,772,932 for 24 months from 11/14/2011 thru 11/13/2013. The contract allowed STW Healthcare to provide temporary staffing in various departments of the Cook County Health and Hospitals System. These departments include Radiology, Cardiology and the Laboratory. Several increases have been approved by the Cook County Health and Hospitals System Board for the provision of additional temporary staffing required for Pharmacy, Case Management and Supply Chain Management while continuing recruitment efforts for permanent staff. The cumulative increase for these departments was \$2,095,840.00.			
NEW PROPOSAL JUSTIFICATION: The Cook County Health and Hospitals System have determined the need to extend the use of agency staff throughout the health system. This extension will allow the Departments additional time to fill critical positions and provide optimal levels of service for our patients. A Request for Proposals will be posted in the next 30 days seeking vendors to provide specialized services for each department. The total increase for this request is \$1,530,383.00 for a period of six (6) months. The total contract value is \$9,399,155.00.			
TERMS OF REQUEST: This is a request to extend and increase contract number H11-73-006 in an amount not to exceed \$1,530,383.00, as needed, for the period from 12/01/2013 thru 05/31/2014.			
CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes			
CCHHS CFO: <i>John Cookinham</i> John Cookinham, Chief Financial Officer		<div style="border: 2px solid black; padding: 10px; text-align: center;"> APPROVED DEC 13 2013 BY BOARD OF DIRECTORS OF THE COOK COUNTY HEALTH AND HOSPITALS SYSTEM </div>	
CCHHS CEO: <i>Ram Raju</i> Ram Raju, M.D., Chief Executive Officer			
		Request # 2	

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR: N/A		EXECUTIVE SPONSOR: Steven Glass, Executive Director of Managed Care	
DATE: 11/05/2013		PRODUCT / SERVICE: Service – Behavioral Health Management	
TYPE OF REQUEST: Extend & Increase Contract		VENDOR / SUPPLIER: PsychHealth, Ltd., Evanston, IL	
ACCOUNT: 896-360		FISCAL IMPACT NOT TO EXCEED: \$1,143,388.00	GRANT AWARD / RENEWAL AMOUNT: N/A
CONTRACT PERIOD: 12/15/2012 thru 04/30/2014		CONTRACT NUMBER: H13-25-006	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

The Cook County Health and Hospitals System Board approved this contract on 12/14/2012 in the amount of \$9,747,125.00 for the services of a behavioral health management organization to provide and manage a network of behavioral health providers for the County Care Demonstration Project being implemented under the Section 1115 Waiver. PsychHealth, Ltd responded to an RFP and is experienced in providing managed behavioral health services to Medicaid recipients. Under a risk, capitation agreement, the contractor handles member and provider relations, claims, quality improvements, credentialing, behavioral health provider contracting and other required functions. An amendment was approved by the CCHHS Board on 8/23/2013 in the amount of \$304,880.00 to provide for residential substance abuse services which were excluded from the initial scope of services. An additional amendment was approved on 09/27/2013 in the amount of \$125,556.00 for funding necessary to cover member benefits dating back to the first of the month an application was received.

NEW PROPOSAL JUSTIFICATION:

CountyCare's 1115 Waiver demonstration project ends 12/31/2013. CCHHS has posted an RFP for a vendor to perform its County Care Third Party Administrative services including behavioral health management. The transition is in the planning stages, but is expected to occur during the first quarter of calendar year 2014.

This amendment is specifically to allow for PsychHealth, through administrative services only (ASO), to provide medical management, care coordination and claims payment through 04/30/2014. This contract extension will provide additional funding necessary to cover the scope of work. This will increase the total contract spend to \$11,320,449.00.

TERMS OF REQUEST:

This is a request to extend and increase contract number H13-25-006 in an amount not to exceed \$1,143,388.00, as needed. The term of the contract will be extended from 01/01/2014 thru 04/30/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: Anthony Rajkumar
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer

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BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
3

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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR:		EXECUTIVE SPONSOR: Agnes Therady, Executive Director Nursing CCHHS	
DATE: 11/21/2013		PRODUCT / SERVICE: Nursing Agency Services	
TYPE OF REQUEST: Extend and Increase Contract		VENDOR / SUPPLIER: LMR Home Health Care, Inc. Bolingbrook, IL	
ACCOUNT: 897-275 Stroger Hospital 891-275 Provident Hospital 898-275 Oak Forest Health Center 893-275 ACHN 240-275 Cermak 241-275 JTDC Total: \$559,000.00		GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2010 thru 05/31/2014		CONTRACT NUMBER: H10-25-155	
<input checked="" type="checkbox"/>	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:
A three year contract was initiated with multiple supplemental staffing agencies to provide nursing care to areas in the system with unfilled vacancies while recruiting efforts are underway. Contract number H10-25-155 was approved by the Cook County Health and Hospitals System Board on 11/19/2010 for a period from 12/01/2010 through 11/30/2013 in the amount of \$954,040.00. An Amendment was approved by the CCHHS Board on 09/05/2012 to increase contract by \$600,000.00 bringing the total contract value to \$1,554,040.00.

NEW PROPOSAL JUSTIFICATION:
Utilization of the supplemental staffing agencies is high as we strive to provide nursing care to meet patient demand, ensure quality and meet acuity as the nursing department continues to experience a high attrition rate. A review of current supplemental staffing needs is currently underway and a Request for Proposals will be posted in the next 30 days seeking vendors to provide specialized services for each department. This will increase the total contract spend to \$2,113,040.00.

TERMS OF REQUEST:
This is a request to extend and increase contract number H10-25-155 in an amount not to exceed \$559,000.00, as needed, for the period from 12/01/2013 to 05/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

ATTACHMENTS
CONTRACT COMPLIANCE MEMO:

CCHHS CBO: Anthony Rajkumar
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: John Cookinham
John Cookinham, Chief Financial Officer

CCHHS CEO: Ram Raju
Ram Raju, M.D., Chief Executive Officer

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BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #
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Cook County Health & Hospitals System

BOARD APPROVAL REQUEST

SPONSOR:		EXECUTIVE SPONSOR: Agnes Therady, Executive Director Nursing CCHHS	
DATE: 11/21/2013	PRODUCT / SERVICE: Service - Nursing Agency Services		
TYPE OF REQUEST: Extend and Increase Contract	VENDOR / SUPPLIER: Advanced Care Services, Inc, Chicago IL		
ACCOUNT: FISCAL IMPACT NOT TO EXCEED: 897- 275 Stroger Hospital 891-275 Provident Hospital 898-275 Oak Forest Health Center 893-275 ACHN 240-275 Cermak 241-275 JTDC Total: \$150,000.00		GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 12/01/2010 thru 05/31/2014		CONTRACT NUMBER: H10-25-182	
<input checked="" type="checkbox"/> X	COMPETITIVE SELECTION METHODOLOGY: RFP		
<input type="checkbox"/>	NON-COMPETITIVE SELECTION METHODOLOGY: N/A		

PRIOR CONTRACT HISTORY:

A three year contract was initiated with multiple supplemental staffing agencies to provide nursing care to areas in the system with unfilled vacancies while recruiting efforts are underway. Contract number H10-25-182 was approved by the Cook County Health and Hospitals System Board on 11/19/2010 in the amount of \$900,000.00 for a period from 12/01/2010 11/30/2013.

NEW PROPOSAL JUSTIFICATION:

Utilization of the supplemental staffing agencies is high as we strive to provide nursing care to meet patient demand, ensure quality and meet acuity as the nursing department continues to experience a high attrition rate. A review of current supplemental staffing needs is currently underway and a Request for Proposals will be posted in the next 30 days seeking vendors to provide specialized services for each department.

TERMS OF REQUEST:

This is a request to extend and increase contract number H10-25-182 in an amount not to exceed \$150,000.00, as needed, for the period from 12/01/2013 thru 05/31/2014.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: 
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: 
John Cookinham, Chief Financial Officer

CCHHS CEO: 
Ram Raju, M.D., Chief Executive Officer

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DEC 13 2013

BY BOARD OF
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HEALTH AND HOSPITALS SYSTEM

Request #
5

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Cook County Health & Hospitals System

AS AMENDED BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski, Lab Director, Department of Pathology		EXECUTIVE SPONSOR: Peter Daniels, Chief Operating Officer, Inpatient	
DATE: 11/21/2013	PRODUCT / SERVICE: Products: Cartridges and Reagents for Point of Care Testing (Multiple Hospitals and ACHN Clinics)		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Abbott Lab (Diagnostic Div), Abbott Park, IL		
ACCOUNT: FISCAL IMPACT NOT TO EXCEED: 897-365 \$861,026.10		GRANT FUNDED /RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 01/01/2014 thru 12/31/2016		CONTRACT NUMBER: H14-25-005	
COMPETITIVE SELECTION METHODOLOGY: N/A			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

Contract number H10-25-055 was approved by the Cook County Health and Hospitals System Board on 07/29/2010 in the amount \$860,767.00 for 36 months from 08/01/2010 thru 07/31/2013. The contract provides cartridges and reagents needed for chemistry and coagulation tests performed at patient's bedsides at Stroger, Provident, and Oak Forest Hospitals and ACHN clinics under the oversight of the Department of Pathology at Stroger Hospital.

NEW PROPOSAL JUSTIFICATION:

This proposal is to enter into a new contract for Point-of-Care Testing. The contract will continue to provide cartridges and reagents needed for chemistry and coagulation tests performed at patient's bedside at Stroger, Provident, Oak Forest Hospitals and ACHN Clinics under the oversight of the Department of Pathology at Stroger Hospital. Abbott Laboratories is the sole source of these cartridges and reagents, a closed proprietary system.

TERMS OF REQUEST:

This request is to execute contract number H14-25-005 in an amount not to exceed \$861,026.10, as needed for a ~~twenty-four (24)~~ month period from 01/01/2014 thru 12/31/2016.
thirty-six (36)

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: _____

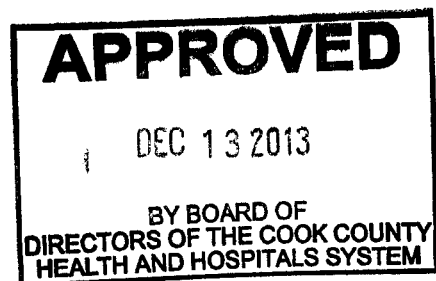
Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer



Request #

6

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners
Ram Raju MD, MBA, FACS, FACHE
Chief Executive Officer
Cook County Health & Hospitals System

CCHHS



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Jorge Ramirez • Vice Chairman
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Rev. Calvin S. Morris, PhD
Luis Muñoz, MD, MPH
Carmen Velasquez
Dorene P. Wiese, EdD

December 6, 2013

To: Deborah Santana, Secretary to the Board
Cook County Health and Hospitals System

From: Gina Besenhofer, Director, Supply Chain Management
Cook County Health and Hospitals System

A handwritten signature in black ink, appearing to be "Gina Besenhofer".

Re: Correction Memo
Abbott Lab (Diagnostic Div)
H14-25-005

The Board Approval Request for the above named service will be presented to the Board of Directors of Cook County Health and Hospitals System on December 13, 2013. Corrections are necessary in the New Proposal Justification and the Terms of Request. They should read:

NEW PROPOSAL JUSTIFICATION

This proposal is to enter into a new contract for Point-of-Care Testing. The contract will continue to provide cartridges and reagents needed for chemistry and coagulation tests performed at patient's bedside at Stroger and Provident Hospitals, Oak Forest Health Center and ACHN Clinics under the oversight of the Department of Pathology at Stroger Hospital. Abbott Laboratories is the sole source of these cartridges and reagents, a closed proprietary system.

TERMS OF REQUEST

This request is to execute contract number H14-25-005 in an amount not to exceed \$861,026.10, as needed for a thirty-six (36) month period from 01/01/2014 thru 12/31/2016.

If additional information is needed, please feel free to contact me.

Thank you.

Cook County Health & Hospitals System

AS AMENDED

BOARD APPROVAL REQUEST

SPONSOR: Joanne Marcichow-Dulski Lab Director, Department of Pathology		EXECUTIVE SPONSOR: Peter Daniels, Chief Operating Officer, Inpatient	
DATE: 11/21/2013	PRODUCT / SERVICE: Service –Renal Biopsy Consultations		
TYPE OF REQUEST: Execute Contract	VENDOR / SUPPLIER: Rush Medical Laboratories, Chicago, Illinois		
ACCOUNT: FISCAL IMPACT NOT TO EXCEED: 897-278 \$336,294.00		GRANT FUNDED / RENEWAL AMOUNT: N/A	
CONTRACT PERIOD: 01/01/14 through 12/31/15 04/01/2013 thru 12/31/2015		CONTRACT NUMBER: H13-73-007	
COMPETITIVE SELECTION METHODOLOGY: N/A			
<input checked="" type="checkbox"/> NON-COMPETITIVE SELECTION METHODOLOGY: Sole Source			

PRIOR CONTRACT HISTORY:

Contract number H11-73-108 was approved by the Cook County Health and Hospitals System Board on 04/27/2012 in the amount \$156,278.00 for a 12 month period from 05/01/2012 thru 04/30/2013.

NEW PROPOSAL JUSTIFICATION:

Renal biopsies are performed for clinical diagnoses purposes. Rush Medical Labs has the expertise and resources to perform them, of which the Department of Pathology at Stroger does not. The proximity of their laboratories to Stroger allows fresh specimens to be received and processed immediately.

TERMS OF REQUEST:

This is a request to execute contract number H13-73-007 in an amount not to exceed \$336,294.00, as needed, for a twenty-four (24) month period from ~~04/01/2013~~ 01/01/14 thru 12/31/2015.

CONTRACT COMPLIANCE HAS FOUND THIS CONTRACT RESPONSIVE: Yes

CCHHS CBO: _____

Anthony Rajkumar, Chief Business Officer

CCHHS CFO: _____

John Cookinham, Chief Financial Officer

CCHHS CEO: _____

Ram Raju, M.D., Chief Executive Officer

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DEC 13 2013

BY BOARD OF
DIRECTORS OF THE COOK COUNTY
HEALTH AND HOSPITALS SYSTEM

Request #

7

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Chief Executive Officer
Cook County Health & Hospitals System

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Commissioner Jerry Butler
Lewis M. Collens
Ada Mary Gugenheim
M. Hill Hammock
Wayne M. Lerner, DPH, FACHE
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD, MPH
Carmen Velasquez
Dorene P. Wiese, EdD

December 6, 2013

To: Deborah Santana, Secretary to the Board
Cook County Health and Hospitals System

From: Gina Besenhofer, Director, Supply Chain Management
Cook County Health and Hospitals System

Re: Correction Memo
Rush Medical Laboratories
H13-73-007

A handwritten signature in dark ink, appearing to be "GJB", is written over the "From:" line of the memo.

The Board Approval Request for the above named service will be presented to the Board of Directors of Cook County Health and Hospitals System on December 13, 2013. Corrections are necessary in the Contract Period, New Proposal Justification and the Terms of Request. They should read:

CONTRACT PERIOD:

01/01/2014 thru 12/31/2015

NEW PROPOSAL JUSTIFICATION:

Renal biopsies are performed for clinical diagnoses purposes. Rush Medical Labs has the expertise and resources to perform them, of which the Department of Pathology at Stroger does not. The close proximity of their laboratories to Stroger allows fresh specimens to be received and processed immediately.

TERMS OF REQUEST:

This is a request to execute contract number H13-73-007 in an amount not to exceed \$336,294.00, as needed, for a twenty-four (24) month period from 01/01/2014 thru 12/31/2015.

If additional information is needed, please feel free to contact me.

Thank you.

CountyCare Contracting Transmittal Cover

Prepared for: CCHHS Finance Committee December 2013 Meeting

Steven Glass, Executive Director Managed Care

Background

In the next several months, CountyCare will undergo significant transition from operating under the 1115 Waiver to a fully-functioning managed care entity. In addition, CountyCare plans to migrate its back-office, provider and member services, contracted mental health/substance abuse (MH/SA) network, and pharmacy benefits management (PBM) services to a new, single vendor through a currently active RFP process.

For CountyCare to achieve this level of work, staff will be asking the CCHHS Finance Committee and Board of Directors (BOD) to review a significant number of contract recommendations during this time period.

Transition Overview

With the RFP review for a new TPA vendor underway at this time, it is necessary to extend, and in some cases amend, the agreements in-place with existing providers. These extensions will allow CountyCare staff to work with the to-be-selected new TPA vendor on developing a formal transition plan that mitigates risk for CountyCare members and contracted network providers in the transition. The new vendor is expected to be presented at either the December or January Board Meetings for review.

December 2013 Contract Requests

At this time, staff are presenting four transmittals requesting contract extensions/amendments in support of the transition plan.

Vendor	Contracted Service(s)	Requested Extension	Requested Amendment
December 6, 2013 Finance Committee Meeting			
MHNU dba Medical Home Network	Services of project management and oversight as well as portal connectivity, management and maintenance. MHN has delivered advance care management analytics to support proactive care management for County Care's high risk population.	1/1-3/31/14	\$0
PsychHealth, Ltd.	Under a member services only (MSO) agreement, PsychHealth will manage member and provider relations, claims, quality improvements, credentialing, behavioral health provider contracting and other required functions for CountyCare's behavioral health/substance abuse treatment network.	1/1-3/31/14	\$2,286,776
December 13, 2013 Board Meeting			
Automated Health Care Services (AHS)	AHS provides administrative and support services as CountyCare's Third Party Administrator (TPA). AHS services to CCHHS include operation of a call center, contract management, claims review and payment.	1/1-6/30/14	Admin = \$24,000,000 Claims = \$54,000,000 TOTAL = \$78,000,000
Catamaran	Catamaran provides pharmacy benefit administrator services for County Care, including prior authorization of pharmaceuticals, access to network pharmacies and adjudication and payment of claims.	1/1-6/30/14	Admin = \$1,711,995.50 Claims = \$30,310,740.00 TOTAL = \$32,022,735.50
TOTAL			\$112,309,511.50

Future Requests

The Finance Committee can expect requests related to the 1115 Waiver transition including, but not limited to: contract approval to become a managed care entity with the State of Illinois, a new TPA vendor, and marketing/outreach contracts in the next couple of months. The contracts above may require further amendments as business needs warrant.

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
December 6, 2013

ATTACHMENT #2

COOK COUNTY HEALTH & HOSPITALS SYSTEM

Toni Preckwinkle • President
Cook County Board of Commissioners
Ram Raju MD, MBA, FACS, FACHE
Chief Executive Officer
Cook County Health & Hospitals System



Health & Hospitals System Board Members

David Carvalho • Chairman
Jorge Ramirez • Vice Chairman
Commissioner Jerry Butler
Lewis M. Collens
Ada Mary Gugenheim
M. Hill Hammock
Wayne M. Lerner, DPH, FACHE
Rev. Calvin S. Morris, PhD
Luis Muñoz, MD, MPH
Carmen Velasquez
Dorene P. Wiese, EdD


November 21, 2013

To: **David Carvalho**
Chairman, Board of Directors
Cook County Health & Hospitals System

Commissioner Jerry Butler
Chairman, Finance Committee
Cook County Health & Hospitals System

From: **Regina M. Besenhofer**, Director Supply Chain Management
Cook County Health and Hospitals System

Re: **Emergency Purchase**



CCHHS has placed an emergency order. This memo serves as notification, as required in Section 2.8 of the CCHHS Procurement Policy adopted by the Board on April 9, 2009.

This purchase was required to allow time for the completion of our proper due diligence. The scope of work currently being provided for security services at Provident Hospital has been under review. The recommendation being vetted is to reduce the scope of work currently being performed with no negative impact to the safety of our patients and staff.

If you have any questions or concerns, please feel free to contact me at gbesenhofer@cookcountyhhs.org or 312-864-4798.

Ref	Vendor	Dates of Service	Supply/Service	Amount
1	Star Detective and Security Agency	11-16-2013 thru 12-31/2013	Security services to Provident Hospital	\$225,000.00

c: **Ram Raju, M.D.**, Chief Executive Officer
Anthony Rajkumar, Chief Business Officer

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
December 6, 2013

ATTACHMENT #3

Cook County Health and Hospitals System

Report of the Chief Financial Officer
December 6, 2013

For the period ending October 31, 2013

Overview

- CCHHS's operating revenue is lagging mainly due to the delay in CountyCare application approvals. This is a cash flow issue that we expect to resolve itself in 2014 when the state catches up. These revenues fall into three areas:
 - PMPM from date of application
 - Fee-for-service for CountyCare members
 - Administrative fees
- **Total operating expenses YTD are 4.7% under budget.** Total October operating expenses were in excess of the budget by 29% in the following categories: Supplies, Purchased Services and Other, and Utilities. CCHHS bases its reporting on when the County Comptroller's Office actually pays the bill. This process creates timing differences from period to period when making comparisons of actual expenses to the budget.

CountyCare Revenue

- While the application processing delays will cause a cash flow issue for 2013, it is expected that these revenue will be received in 2014. It is not lost revenue rather a timing issue.
- The CountyCare PMPM revenue is paid from the date of application not the date of approval. CountyCare has already exceeded the budgeted number of applications for the 1115 waiver program and it is expected that all of the budgeted capitation revenue will be collected for all approved applications.
- In addition to the capitation revenue, there is additional revenue that can be billed as Medicaid fee for service for a retro period 90 days prior to the application. This revenue can be billed when the patient is approved for CountyCare. That retro Medicaid revenue will be received in 2014.

Non-Operating Revenue

- Non-Operating revenue in October was below budget for the month due to an adjustment in the estimate for sales taxes. The County Comptroller's Office re-allocated sales taxes and cigarette taxes. This change will be favorable in the future to CCHHS because the collection cycle for cigarette taxes is shorter than sales taxes.
- Non-Operating Revenue YTD is behind budget by less than 2%. It is expected that by year end CCHHS will collect the full amount of the tax support from the County.

Financial Initiatives

- Medicaid outpatient pharmacy billing
 - Up to \$7,000,000
 - This additional revenue will be included in the 2014 cash collections.
- BIPA
 - \$30,000,000 advance offsets cash flow issues associated with the backlog of CountyCare applications

Cook County Health and Hospitals System
Income Statement as of October 31, 2013

REVENUE	Oct. YTD Revenue Budget	Oct. YTD Actual	YTD Rev. Difference
Net patient service revenue	\$ 622,692,438.00	\$ 529,876,000.00	\$ (92,816,438.00)
Grant revenue	\$ -	\$ 3,892,000.00	\$ 3,892,000.00
EHR incentive program revenue	\$ 7,986,374.00	\$ 7,075,000.00	\$ (911,374.00)
Other Revenue	\$ 1,827,871.83	\$ 5,717,000.00	\$ 3,889,128.17
Total Revenue	\$ 632,506,683.83	\$ 546,560,000.00	\$ (85,946,683.83)
 OPERATING EXPENSES	 Oct.YTD Appropriation	 Oct. YTD Act. Exp.	 YTD Exp. Difference
Salaries and wages	\$ 486,142,151.92	\$ 466,461,000.00	\$ 19,681,151.92
Employee benefits (pension funding eliminated)	\$ 84,781,025.08	\$ 72,216,000.00	\$ 12,565,025.08
Supplies	\$ 102,511,783.92	\$ 103,608,000.00	\$ (1,096,216.08)
Purchased svcs, rental, & other	\$ 190,074,014.17	\$ 180,040,000.00	\$ 10,034,014.17
Insurance expense (funding only)	\$ 10,691,007.25	\$ 10,761,000.00	\$ (69,992.75)
Depreciation (not budgeted)	\$ -	\$ -	\$ -
Utilities	\$ 9,153,655.50	\$ 8,734,000.00	\$ 419,655.50
Total Operating Expenses	\$ 883,353,637.83	\$ 841,820,000.00	\$ 41,533,637.83
 GAIN OR (LOSS) FROM OPERATIONS	 \$ (250,846,954.00)	 \$ (295,260,000.00)	 \$ (44,413,046.00)
 NONOPERATING REVENUE			
Property taxes		\$ 72,571,000.00	
Sales taxes		\$ 30,159,000.00	
Cigarette taxes		\$ 119,244,000.00	
Other tobacco product taxes		\$ 4,849,000.00	
Fire arms taxes		\$ 173,000.00	
Interest income		\$ 20,000.00	
Retirement plan contribution (not budgeted)			
Total Nonoperating Revenue	\$ 230,582,027.50	\$ 227,016,000.00	\$ (3,566,027.50)
 Net Income (loss)	 \$ (20,264,926.50)	 \$ (68,244,000.00)	 \$ (47,979,073.50)

Cook County Health and Hospitals System
Income Statement as of October 31, 2013

REVENUE		Oct. Revenue Budget		Oct. Rev. Actual		Oct. Rev. Difference
Net patient service revenue	\$	71,778,076.00	\$	62,555,000.00	\$	(9,223,076.00)
Grant revenue	\$	-	\$	2,731,000.00	\$	2,731,000.00
EHR incentive program revenue	\$	739,038.00	\$	31,000.00	\$	(708,038.00)
Other Revenue	\$	166,170.17	\$	499,000.00	\$	332,829.83
Total Revenue	\$	72,683,284.17	\$	65,816,000.00	\$	(6,867,284.17)
OPERATING EXPENSES		Oct. Appropriation		Oct. Act. Exp.		Oct. Exp. Difference
Salaries and wages	\$	44,194,741.08	\$	42,819,000.00	\$	1,375,741.08
Employee benefits (pension funding eliminated)	\$	7,707,365.92	\$	6,051,000.00	\$	1,656,365.92
Supplies	\$	9,319,253.08	\$	11,661,000.00	\$	(2,341,746.92)
Purchased svcs, rental, & other	\$	17,279,455.83	\$	41,167,000.00	\$	(23,887,544.17)
Insurance expense (funding only)	\$	971,909.75	\$	972,000.00	\$	(90.25)
Depreciation (not budgeted)	\$	-	\$	-	\$	-
Utilities	\$	832,150.50	\$	1,240,000.00	\$	(407,849.50)
Total Operating Expenses	\$	80,304,876.17	\$	103,910,000.00	\$	(23,605,123.83)
GAIN OR (LOSS) FROM OPERATIONS	\$	(7,621,592.00)	\$	(38,094,000.00)	\$	(30,472,408.00)
NONOPERATING REVENUE						
Property taxes			\$	6,345,000.00		
Sales taxes			\$	(11,912,000.00)		
Cigarette taxes			\$	19,431,000.00		
Other tobacco product taxes			\$	44,000.00		
Fire arms taxes			\$	39,000.00		
Interest income			\$	4,000.00		
Retirement plan contribution (not budgeted)			\$	-		
Total Nonoperating Revenue	\$	20,962,002.50	\$	13,951,000.00	\$	(7,011,002.50)
Net Income (loss)	\$	13,340,410.50	\$	(24,143,000.00)	\$	(37,483,410.50) 7

Cook County Health and Hospitals System
Finance Committee Meeting Minutes
December 6, 2013

ATTACHMENT #4

Cook County Health and Hospitals System

Financial Statements

Year To Date October 31, 2013

As of November 18, 2013

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COOK COUNTY HEALTH & HOSPITALS SYSTEM

MISSION STATEMENT

The Cook County Health and Hospitals System will deliver integrated health services with dignity and respect regardless of a patient's ability to pay; and,

Foster partnerships with other health providers and communities to enhance the health of the public; and,

Advocate for policies, which promote and protect the physical, mental and social well being of the people of Cook County.

Board of Directors
Cook County Health and Hospitals System

The accompanying financial statements of Cook County Health and Hospitals System and the related Management's Discussion and Analysis for the month ended October 31, 2013 have been prepared by Management who is responsible for their presentation and disclosure. The statements have not been compiled, reviewed or audited by independent accountants.

CCHHS maintains an internal control structure designed to provide reasonable assurance that assets are safeguarded and that transactions are properly executed, recorded and summarized to produce reliable records and reports,

To the best of Management's knowledge and belief the statements were prepared in conformity with generally accepted accounting principles and governmental accounting standards using the accrual basis of accounting and are based on recorded transactions and Management's best estimates and judgment.

John Cookinham, Chief Financial Officer _____

Dorothy M. Loving, Executive Director of Finance _____

MANAGEMENT'S DISCUSSION AND ANALYSIS

INTRODUCTION

This discussion and analysis provides the readers of the monthly unaudited financial statements of the Cook County Health and Hospital System (CCHHS) with an overview of the financial activities for the month ended October 31, 2013. This discussion focuses on the significant financial issues and major financial activities during the current month. It should be read in conjunction with the accompanying financial statements of the CCHHS.

The CCHHS includes the following entities: John H. Stroger Jr. Hospital (JSH), Oak Forest Health Center (OFC) Provident Hospital (PHCC), the Department of Public Health (DPH), the Ambulatory and Community Health Network (ACHN), the Bureau of Health Services (BHS), CORE Center (for reporting purposes part of Stroger Hospital), and Cermak Health Services (CHS). Starting this fiscal year 2013, we have added the 1115 Waiver. Collectively, these entities provide primary, intermediate, acute, and tertiary medical care to patients, without regard to their ability to pay. The Bureau of Health Services oversees the operational, planning, and policy activities of the CCHHS.

The CCHHS is included in the reporting entity of the Cook County, Illinois, as an enterprise fund. As an enterprise fund, the CCHHS' financial statements are prepared using proprietary fund accounting that focuses on the determination of changes in net assets, financial position, and cash flows in a manner similar to private sector businesses. The financial statements are prepared on an accrual basis of accounting, which recognizes revenue when earned and expenses when incurred.

In 2008 the Cook County Health and Hospital System Board was created by the Cook County Board of Commissioners to provide independent oversight of health care operations, and in 2010 the Cook County Board of Commissioners voted to make the Cook County Health and Hospital System Board permanent.

In 2012 the Cook County Health and Hospitals System and Cook County Board Officials collaborated to cut Medicaid costs, help county taxpayers, and transform Cook County's hospital system by jump-starting national health care reform in Cook County. In October, 2012 the federal government approved the 1115 Medicaid Waiver for Cook County, allowing CCHHS to enroll more than 115,000 individuals who will be eligible for Medicaid in 2014 into a Cook County network with no cost to the state of Illinois.

An 1115 Waiver allows the Cook County's Health System to early enroll certain uninsured patients into Medicaid. Specifically, these are patients who are not currently eligible for Medicaid, but who will be eligible in 2014 under the Accountable Care Act. Many of these individuals are patients who already are being treated by our system without compensation. The Waiver is funded entirely by the federal government.

FINANCIAL HIGHLIGHTS (IN THOUSANDS)

The Cook County Health and Hospitals System finished the eleven months with overall revenue of \$827,947 and overall expenses was \$927,312.

Net Patient revenue for the eleven months was \$529,875.

Net Patient revenue consists of all charges including automated contractual allowances and bad debt adjustments. Write-off of Bad Debt is a CCHHS Board approved policy.

EHR incentive program revenue was \$7,075.

Other revenue was \$5,717. Other revenue consists primarily of parking revenue.

Patient Accounts Receivable – BEPA System

General

As compared to November 30, 2012, Total Patient Accounts Receivable at the end of October-2013 reduced by 19 to 103 days. Additionally, there was a 2 day decrease in this figure, as compared to the previous month's figure.

Days of Revenue Outstanding measures the average number of days charges remain in accounts receivable after service has been rendered before collection activities have been completed, including charity care and bad debt write-offs. Days of Revenue Outstanding is measured in charges, not cash collections.

Days of Revenue Outstanding is a useful tool to measure collection efforts over time (i.e., whether this number is growing or decreasing). This number will be large due to the large number of Self-Pay patients CCHHS services and the processes CCHHS must complete before patient accounts are collected or written-off to bad debt. These processes include, but are not limited to, the following:

- Making an effort to attain third-party insurance coverage, including 1115 waiver and MANG applications;
- Processing charity care applications;
- Sending three (3) monthly statements before accounts are turned over to collections;
- Placing accounts bi-monthly with the collection agency; and
- Permitting patients to pay their account balances over time (time payment).

Total billed accounts grew by \$23.152M (7.9%) as compared to the November-2012 balance. As compared to the previous month, this figure decreased by \$2.950M (-0.9%). The decline in this figure indicates an increasing number of accounts are completing the collection process, which includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Inpatient Accounts Receivable – BEPA System

Discharged Not Final Billed

Inpatient discharged but not final billed accounts at the end of October-2013 increased by \$0.402M (4.6%), as compared the November 30, 2012 balance and decreased by \$1.609M (-14.9%), as compared to the previous month's balance. This decrease indicates that more inpatient accounts are moving to a "Billed" status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based upon the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Billed Inpatient Accounts

Billed inpatient accounts at the end of October-2013 decreased by \$0.170M (-0.1%) as compared to the November 30, 2012 balance. This figure fell by \$14.991M (-8.8%) compared to the previous month's total.

The decrease in this number indicates more accounts had the collection process completed than in the previous month and that a greater number of accounts are being removed from active accounts receivable. CCHHS' collection process includes charity care and bad debt write-offs.

The change in this figure does not translate dollar-for-dollar into actual cash receipts, as Medicaid pays CCHHS' claims on a per-diem and Medicare pays CCHHS' claims based up on the diagnosis, regardless of charges on the patient accounts. Additionally, charity care and bad debt write-offs are part of the collection process and will not result in actual cash collections. Finally, the reimbursement for 1115 Waiver patients is made through a per-member-per-month payment, not a claim-by-claim basis.

Outpatient Accounts Receivable – BEPA System

Unbilled Outpatient Accounts

The balance of unbilled outpatient accounts decreased by \$0.985M (-5.7%) by the end of October-2013, as compared to the level of unbilled accounts as of November 30, 2012. This balance was \$1.692M (11.5%) larger than the previous month's balance. This

change indicates that fewer outpatient accounts are moving to a “Billed” status, as compared to the previous month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid’s and Medicare’s reimbursement configuration.

Billed Outpatient Accounts

The billed outpatient accounts receivable at the end of October-2013 grew by \$23.322M (16.8%), as compared to the balance as of November 30, 2012. This figure is \$12.041M (8.0%) greater than last month’s figure.

The growth in this figure indicates that fewer Out-Patient accounts had their collection and write-off related activities completed, as compared to the prior month.

The change in this figure does not translate dollar-for-dollar into actual cash receipts due to Medicaid and Medicare’s reimbursement configuration and to charity care and bad debt write-offs.

Carelink Program Activities (Charity Care)

The volume and dollar amounts written-off to charity care are as follows:

	Number of Accounts for October-2013	Value of Accounts for October-2013	Cumulative Number of Accounts Through October-2013	Cumulative Value of Accounts Through October-2013
In-Patient	662	\$ 4.900M	6,898	\$ 79.855M
Out-Patient	26,678	\$ 10.690M	323,875	\$ 146.646M
Totals	27,340	\$ 15.590M	330,773	\$ 226.501M

The above data does not include bad-debt write-offs; it includes only the amounts written-off directly to charity care.

Operating Expenses at the end of eleven months was \$927.312M broken down as follows:

Salaries and Wages - \$466.461M
 Benefits - \$126.587M
 Supplies - \$103.608M
 Purchased Services, Rental, and Other - \$180.040M
 Insurance - \$10.761M
 Depreciation - \$31.122M
 Utilities - \$8.734M

Nonoperating Revenue was \$281.387M. The largest portions of this are attributed to cigarette tax in the amount of \$119.244M and property tax in the amount of \$72.571M. Sales tax revenues are recognized by CCHHS when earned; this occurs when the underlying sales transactions occur. The amount recorded as *Due from State of Illinois - Sales Tax* represents the amounts earned by CCHHS, however, the cash is not yet received from the state. There is a 3 months lag from the time of the underlying sales transaction to the receipt of funds.

Taxes collected for the Health to date have been fully credited to the Health Fund except as mentioned in the previous paragraph.

OVERVIEW OF THE FINANCIAL STATEMENTS

This discussion and analysis are intended to serve as an introduction to the CCHHS financial statements. CCHHS basic monthly unaudited financial statements are comprised of fund financial statements.

A fund is a grouping of related accounts that is used to maintain control over resources that have been segregated for specific activities or objectives. The CCHHS, like other state and local governments, uses fund accounting to ensure and demonstrate compliance with finance-related legal requirements.

Accounts Receivable Comparison
Cook County Health and Hospitals System
Fiscal Year 2013

	December-2012 BEPA	January-2013 BEPA	February-2013 BEPA	March-2013 BEPA	April-2013 BEPA	May-2013 BEPA	June-2013 BEPA	July-2013 BEPA	August-2013 BEPA	September-2013 BEPA	October-2013 BEPA
Inpatient											
In-House	\$ 10,694,624.53	\$ 14,197,840.36	\$ 17,083,585.46	\$ 16,412,265.48	\$ 11,795,112.59	\$ 9,859,969.43	\$ 13,475,435.09	\$ 13,387,877.68	\$ 11,543,712.49	\$ 13,747,987.60	\$ 14,214,163.94
Discharged Not Final Billed	\$ 8,483,063.30	\$ 9,622,149.26	\$ 11,043,885.00	\$ 9,058,452.64	\$ 11,661,562.81	\$ 11,966,835.57	\$ 11,486,667.51	\$ 8,862,674.36	\$ 11,421,748.50	\$ 10,836,288.90	\$ 9,226,848.86
Billed	\$ 153,028,241.07	\$ 154,871,251.62	\$ 160,358,506.05	\$ 166,885,757.25	\$ 176,838,728.63	\$ 156,324,233.75	\$ 161,918,349.18	\$ 171,797,882.43	\$ 182,618,954.54	\$ 171,066,593.74	\$ 156,075,259.18
Total Inpatient Accounts Receivable	\$ 172,205,928.90	\$ 178,691,241.24	\$ 188,485,976.51	\$ 192,356,475.37	\$ 200,295,404.03	\$ 178,151,038.75	\$ 186,880,451.78	\$ 194,048,434.47	\$ 205,584,415.53	\$ 195,650,870.24	\$ 179,516,271.98
Outpatient											
Unbilled	\$ 18,351,510.68	\$ 19,430,163.88	\$ 17,924,674.17	\$ 19,189,961.92	\$ 21,075,425.14	\$ 15,169,287.02	\$ 12,046,059.44	\$ 12,873,691.45	\$ 13,521,300.20	\$ 14,654,651.77	\$ 16,346,482.97
Billed	\$ 134,201,903.14	\$ 123,927,492.43	\$ 124,359,198.61	\$ 126,829,842.41	\$ 126,820,237.35	\$ 129,446,089.76	\$ 138,860,934.18	\$ 143,557,425.49	\$ 153,527,578.16	\$ 149,910,416.22	\$ 161,951,415.11
Total Outpatient Accounts Receivable	\$ 152,553,413.82	\$ 143,357,656.31	\$ 142,283,872.78	\$ 146,019,804.33	\$ 147,895,662.49	\$ 144,615,376.78	\$ 150,906,993.62	\$ 156,431,116.94	\$ 167,048,878.36	\$ 164,565,067.99	\$ 178,297,898.08
Combined Inpatient and Outpatient A/R											
Unbilled	\$ 37,529,198.51	\$ 43,250,153.50	\$ 46,052,144.63	\$ 44,660,680.04	\$ 44,532,100.54	\$ 36,996,092.02	\$ 37,008,162.04	\$ 35,124,243.49	\$ 36,486,761.19	\$ 39,238,928.27	\$ 39,787,495.77
Billed	\$ 287,230,144.21	\$ 278,798,744.05	\$ 284,717,704.66	\$ 293,715,599.66	\$ 303,658,965.98	\$ 285,770,323.51	\$ 300,779,283.36	\$ 315,355,307.92	\$ 336,146,532.70	\$ 320,977,009.96	\$ 318,026,674.29
Total IP and OP Accounts Receivable	\$ 324,759,342.72	\$ 322,048,897.55	\$ 330,769,849.29	\$ 338,376,279.70	\$ 348,191,066.52	\$ 322,766,415.53	\$ 337,787,445.40	\$ 350,479,551.41	\$ 372,633,293.89	\$ 360,215,938.23	\$ 357,814,170.06
Average Daily Revenue	\$ 2,797,555.00	\$ 2,957,056.00	\$ 3,222,942.00	\$ 3,416,191.00	\$ 3,482,248.00	\$ 3,491,792.00	\$ 3,471,627.00	\$ 3,410,158.00	\$ 3,452,015.00	\$ 3,427,077.00	\$ 3,475,535.00
Days of Revenue Outstanding	116	109	103	99	100	92	97	103	108	105	103

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
October 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
ASSETS												
CURRENT ASSETS:												
Cash and cash equivalents:												
Cash in banks	1,444	0		1,445	23	199		1,666				1,666
Cash held by Cook Co Treas	676,402		28,907	705,309	88,691	137,706		931,706	133,651		(1,065,155)	202
Due from working cash fund	60,540	34,607		95,147				95,147			(18,875)	76,272
Total cash & cash equivalent	738,386	34,608	28,907	801,901	88,714	137,905		1,028,520	133,651		(1,084,030)	78,140
Property taxes receivable:												
Tax levy - current year	25,712	30,306		56,018	3,357	4,586	2,596	66,556	7,396			73,952
Tax levy - prior year	3,299	3,913		7,211	621	595	341	8,769	954			9,723
Total property taxes rec	29,011	34,219		63,230	3,978	5,181	2,936	75,325	8,350			83,675
Receivables:												
Patient AR-net of allowances	33,343			33,343		7,806		41,149				41,149
Third-party settlements	6,046			6,046	18	1,036		7,100				7,100
Other receivables	463	11		475	0	12	0	487		1		488
Due from State - sales taxes	4,089	4,505		8,594	1,212	1,973	392	12,170	1,657	3,393		17,220
Total receivables	43,941	4,516		48,457	1,230	10,827	392	60,906	1,657	3,394		65,957
Inventories	2,416			2,416	121	1,365		3,901		238		4,140
TOTAL CURRENT ASSETS	813,754	73,342	28,907	916,003	94,043	155,278	3,328	1,168,652	143,657	3,633	(1,084,030)	231,911
CAPITAL ASSETS:												
Depreciable assets - net	351,268	5,699		356,967	23,083	20,382	16,579	417,011	1,917	695		419,624
TOTAL ASSETS	1,165,022	79,041	28,907	1,272,970	117,126	175,659	19,907	1,585,662	145,574	4,328	(1,084,030)	651,535

Cook County Health Facilities
Combining Balance Sheet of General Funds (Unaudited)
(In Thousands)
October 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger. ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Intra-Activity Eliminations	Grand Total
LIABILITIES & NET POSITION												
CURRENT LIABILITIES:												
Due to Cook County Treasurer		86,056		86,056			910,898	996,954		87,076	(1,084,030)	(0)
Accounts payable	16,069	365	10,458	26,892	72	1,809	20,924	49,698	558	84		50,340
Accrued salaries, wages, & other liabilities	10,522	1,308	278	12,108	235	1,084	1,596	15,023		1,395		16,418
Compensated absences	4,186	550		4,737	76	488	567	5,868	227	397		6,493
Deferred revenue	69,426			69,426		12,897		82,323				82,323
Due to other co govt funds	21			21	10	5		36	7			43
Due to others	379			379	19			398				398
Interacct (payable)receivabl	73,557	67,605		141,162	771	41,449	(191,360)	(7,977)	2	7,976		
TOTAL CURRENT LIABILITIES	174,161	155,884	10,736	340,781	1,183	57,733	742,626	1,142,322	794	96,929	(1,084,030)	156,015
LONG-TERM LIABILITIES:												
Compensated absences longterm	23,722	3,118		26,840	432	2,768	3,213	33,253	946	2,251		36,450
Reserve-tax objection suits	5,115	3,054		8,170	1,222	1,571	296	11,259	1,300			12,559
TOTAL LIABILITIES	202,998	162,057	10,736	375,791	2,837	62,072	746,135	1,186,834	3,040	99,179	(1,084,030)	205,024
NET POSITION:												
Investment in capital assets	351,268	5,699		356,967	23,083	20,382	16,579	417,011	1,917	695		419,624
Beginning balance	663,868	(246,778)	(389)	416,701	90,594	103,310	(587,952)	22,653	126,907	(54,429)		95,131
Bond depreciation	21,053	779		21,832	2,341	1,778	4,778	30,730	199	194		31,122
Excess revenue (expenses)	(74,164)	157,284	18,560	101,679	(1,729)	(11,882)	(159,634)	(71,566)	13,511	(41,311)		(99,366)
Ending balance	962,024	(83,015)	18,171	897,179	114,289	113,587	(726,228)	398,828	142,534	(94,851)		446,511
TOTAL LIABILITIES & NET POSITION	1,165,022	79,041	28,907	1,272,970	117,126	175,659	19,907	1,585,662	145,574	4,328	(1,084,030)	651,535

Cook County Health Facilities
Combining Income Statement of General Funds (Unaudited)
(In Thousands)
October 31, 2013

	Stroger Hospital	ACHN (Clinics)	1115 Waiver	Stroger, ACHN & 1115 Waiver	O F C (Oak Forest)	Provident Hospital	Bureau of Health	Hospitals Total	Dept of Public Health	Cermak	Grand Total
REVENUE:											
Net patient service revenue	291,694	139,095	78,976	509,765	4	20,107		529,875			529,875
Grant revenue									3,892		3,892
EHR incentive program revenue	5,977			5,977		1,098		7,075			7,075
Other revenue	4,181	590		4,771	328	288	34	5,421	291	5	5,717
Total Revenue:	301,851	139,685	78,976	520,513	332	21,493	34	542,371	4,183	5	546,560
OPERATING EXPENSES:											
Salaries and wages	295,768	39,140	3,711	338,620	6,594	30,074	43,764	419,052	9,654	37,755	466,461
Employee benefits	77,811	11,455	692	89,957	3,825	8,836	11,371	113,989	3,356	9,241	126,587
Supplies	27,783	14,610	11,680	54,072	808	3,403	43,098	101,381	155	2,072	103,608
Purchased svs, rental & other	51,851	5,169	44,635	101,655	1,677	7,922	66,477	177,731	975	1,334	180,040
Insurance expense	6,127	1,570		7,697	468	733	838	9,736	244	781	10,761
Depreciation	21,053	779		21,832	2,341	1,778	4,778	30,730	199	194	31,122
Utilities	5,248	111		5,359	971	965	1,416	8,711	20	3	8,734
TOTAL OPERATING EXPENSES	485,640	72,834	60,717	619,191	16,684	53,712	171,742	861,329	14,603	51,380	927,312
GAIN (LOSS) FROM OPERATIONS	(183,789)	66,852	18,258	(98,679)	(16,352)	(32,219)	(171,708)	(318,958)	(10,420)	(51,374)	(380,752)
NONOPERATING REVENUE:											
Property taxes	25,257	29,726		54,983	3,272	4,509	2,546	65,311	7,260		72,571
Sales taxes	7,162	7,890		15,051	2,122	3,455	686	21,315	2,902	5,943	30,159
Cigarette taxes	41,650	45,584		87,234	8,077	8,208	3,946	107,465	11,780		119,244
Other Tobacco Product taxes	1,698	1,843		3,541	331	338	160	4,369	479		4,849
Fire Arms taxes	173			173				173			173
Interest income	19	0		19	0	0	0	20	0	0	20
Retirement plan contribution	33,665	5,389	302	39,356	822	3,827	4,736	48,740	1,511	4,120	54,371
TOTAL NONOPERATING REVENUE	109,624	90,432	302	200,358	14,624	20,337	12,074	247,393	23,931	10,063	281,387
NET INCOME (LOSS)	(74,164)	157,284	18,560	101,679	(1,729)	(11,882)	(159,634)	(71,566)	13,511	(41,311)	(99,366)

Cook County Health Facilities
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	467,321	62,554	529,875
Grant revenue	1,161	2,731	3,892
EHR incentive program revenue	7,044	31	7,075
Other revenue	5,218	499	5,717
Total Revenue	<u>480,745</u>	<u>65,815</u>	<u>546,560</u>
OPERATING EXPENSES:			
Salaries and wages	423,642	42,819	466,461
Employee benefits	115,593	10,994	126,587
Supplies	91,947	11,661	103,608
Purchased svcs, rental & other	138,873	41,167	180,040
Insurance expense	9,789	972	10,761
Depreciation	28,293	2,829	31,122
Utilities	7,494	1,240	8,734
TOTAL OPERATING EXPENSES	<u>815,630</u>	<u>111,682</u>	<u>927,312</u>
GAIN (LOSS) FROM OPERATIONS	<u>(334,885)</u>	<u>(45,867)</u>	<u>(380,752)</u>
NONOPERATING REVENUE:			
Property taxes	66,226	6,344	72,571
Sales taxes	42,071	(11,912)	30,159
Cigarette taxes	99,813	19,431	119,244
Other tobacco product taxes	4,805	43	4,849
Fire Arms taxes	134	39	173
Interest income	16	4	20
Retirement plan contribution	49,428	4,943	54,371
TOTAL NONOPERATING REVENUE	<u>262,493</u>	<u>18,893</u>	<u>281,387</u>
NET INCOME (LOSS)	<u>(72,392)</u>	<u>(26,974)</u>	<u>(99,366)</u>

Stroger Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	268,210	23,484	291,694
EHR incentive program revenue	5,946	31	5,977
Other revenue	3,768	413	4,181
Total Revenue	<u>277,924</u>	<u>23,927</u>	<u>301,851</u>
OPERATING EXPENSES:			
Salaries and wages	268,266	27,502	295,768
Employee benefits	71,058	6,753	77,811
Supplies	25,464	2,319	27,783
Purchased svcs, rental & other	45,458	6,392	51,851
Insurance expense	5,570	557	6,127
Depreciation	19,139	1,914	21,053
Utilities	4,554	695	5,248
TOTAL OPERATING EXPENSES	<u>439,508</u>	<u>46,132</u>	<u>485,640</u>
GAIN (LOSS) FROM OPERATIONS	<u>(161,584)</u>	<u>(22,205)</u>	<u>(183,789)</u>
NONOPERATING REVENUE:			
Property taxes	23,059	2,199	25,257
Sales taxes	10,354	(3,192)	7,162
Cigarette taxes	34,819	6,831	41,650
Other tobacco product taxes	1,698	(1)	1,698
Fire Arms taxes	134	39	173
Interest income	15	4	19
Retirement plan contribution	30,605	3,060	33,665
TOTAL NONOPERATING REVENUE	<u>100,684</u>	<u>8,941</u>	<u>109,624</u>
NET INCOME (LOSS)	<u>(60,900)</u>	<u>(13,264)</u>	<u>(74,164)</u>

Note: The Cook County Comptroller's Office adjusted the allocation of Sales, Cigarette and Other Tobacco Product Taxes thereby accounting for the increase and decreases for the month.

ACHN (Clinics)
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	124,863	14,233	139,095
Other revenue	540	51	590
Total Revenue	<u>125,402</u>	<u>14,283</u>	<u>139,685</u>
OPERATING EXPENSES:			
Salaries and wages	35,697	3,444	39,140
Employee benefits	10,452	1,003	11,455
Supplies	12,872	1,738	14,610
Purchased svcs, rental & other	4,927	242	5,169
Insurance expense	1,427	142	1,570
Depreciation	708	71	779
Utilities	100	11	111
TOTAL OPERATING EXPENSES	<u>66,184</u>	<u>6,650</u>	<u>72,834</u>
GAIN (LOSS) FROM OPERATIONS	<u>59,219</u>	<u>7,633</u>	<u>66,852</u>
NONOPERATING REVENUE:			
Property taxes	27,167	2,560	29,726
Sales taxes	11,406	(3,517)	7,890
Cigarette taxes	37,530	8,054	45,584
Other tobacco product taxes	1,844	(1)	1,843
Interest income	0	0	0
Retirement plan contribution	4,899	490	5,389
TOTAL NONOPERATING REVENUE	<u>82,846</u>	<u>7,586</u>	<u>90,432</u>
NET INCOME (LOSS)	<u>142,065</u>	<u>15,219</u>	<u>157,284</u>

Note: The Cook County Comptroller's Office adjusted the allocation of Sales, Cigarette and Other Tobacco Product Taxes thereby accounting for the increase and decreases for the month.

1115 Waiver
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	54,832	24,144	78,976
Total Revenue	54,832	24,144	78,976
OPERATING EXPENSES:			
Salaries and wages	3,039	672	3,711
Employee benefits	636	55	692
Supplies	11,680		11,680
Purchased svcs, rental & other	19,166	25,469	44,635
TOTAL OPERATING EXPENSES	34,520	26,197	60,717
GAIN (LOSS) FROM OPERATIONS	20,312	(2,054)	18,258
NONOPERATING REVENUE:			
Retirement plan contribution	274	27	302
TOTAL NONOPERATING REVENUE	274	27	302
NET INCOME (LOSS)	20,586	(2,026)	18,560

Oak Forest Health Center
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	4	(0)	4
Other revenue	296	32	328
Total Revenue	300	32	332
OPERATING EXPENSES:			
Salaries and wages	6,021	573	6,594
Employee benefits	3,483	341	3,825
Supplies	764	44	808
Purchased svcs, rental & other	1,479	197	1,677
Insurance expense	432	37	468
Depreciation	2,128	213	2,341
Utilities	924	47	971
TOTAL OPERATING EXPENSES	15,232	1,452	16,684
GAIN (LOSS) FROM OPERATIONS	(14,931)	(1,421)	(16,352)
NONOPERATING REVENUE:			
Property taxes	2,992	280	3,272
Sales taxes	3,068	(946)	2,122
Cigarette taxes	6,804	1,273	8,077
Other tobacco product taxes	331	(0)	331
Interest income	0	0	0
Retirement plan contribution	747	75	822
TOTAL NONOPERATING REVENUE	13,942	682	14,624
NET INCOME (LOSS)	(989)	(739)	(1,729)

Notes:

Patient revenue for Oak Forest are recorded in Stroger Hospital and/or Ambulatory Clinics.

The Cook County Comptroller's Office adjusted the allocation of Sales, Cigarette and Other Tobacco Product Taxes thereby accounting for the increase and decreases for the month.

Provident Hospital
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Net patient service revenue	19,412	695	20,107
EHR incentive program revenue	1,098		1,098
Other revenue	279	9	288
Total Revenue	<u>20,789</u>	<u>704</u>	<u>21,493</u>
OPERATING EXPENSES:			
Salaries and wages	28,050	2,024	30,074
Employee benefits	8,068	769	8,836
Supplies	3,317	86	3,403
Purchased svcs, rental & other	7,494	428	7,922
Insurance expense	666	67	733
Depreciation	1,616	162	1,778
Utilities	736	229	965
TOTAL OPERATING EXPENSES	<u>49,947</u>	<u>3,765</u>	<u>53,712</u>
GAIN (LOSS) FROM OPERATIONS	<u>(29,158)</u>	<u>(3,061)</u>	<u>(32,219)</u>
NONOPERATING REVENUE:			
Property taxes	4,095	414	4,509
Sales taxes	4,996	(1,540)	3,455
Cigarette taxes	6,989	1,219	8,208
Other tobacco product taxes	338	(0)	338
Interest income	0	0	0
Retirement plan contribution	3,479	348	3,827
TOTAL NONOPERATING REVENUE	<u>19,897</u>	<u>440</u>	<u>20,337</u>
NET INCOME (LOSS)	<u>(9,261)</u>	<u>(2,621)</u>	<u>(11,882)</u>

Note: The Cook County Comptroller's Office adjusted the allocation of Sales, Cigarette and Other Tobacco Product Taxes thereby accounting for the increase and decreases for the month.

Bureau of Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Other revenue	34		34
Total Revenue	34		34
OPERATING EXPENSES:			
Salaries and wages	39,623	4,142	43,764
Employee benefits	10,386	984	11,371
Supplies	36,383	6,715	43,098
Purchased svcs, rental & other	58,194	8,283	66,477
Insurance expense	762	76	838
Depreciation	4,344	434	4,778
Utilities	1,158	257	1,416
TOTAL OPERATING EXPENSES	150,850	20,892	171,742
GAIN (LOSS) FROM OPERATIONS	(150,816)	(20,892)	(171,708)
NONOPERATING REVENUE:			
Property taxes	2,327	219	2,546
Sales taxes	992	(306)	686
Cigarette taxes	3,256	690	3,946
Other tobacco product taxes	160	(0)	160
Interest income	0		0
Retirement plan contribution	4,306	431	4,736
TOTAL NONOPERATING REVENUE	11,040	1,034	12,074
NET INCOME (LOSS)	(139,776)	(19,858)	(159,634)

Note: The Cook County Comptroller's Office adjusted the allocation of Sales, Cigarette and Other Tobacco Product Taxes thereby accounting for the increase and decreases for the month.

Dept of Public Health
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Grant revenue	1,161	2,731	3,892
Other revenue	296	(5)	291
Total Revenue	<u>1,457</u>	<u>2,726</u>	<u>4,183</u>
OPERATING EXPENSES:			
Salaries and wages	8,835	819	9,654
Employee benefits	3,062	294	3,356
Supplies	128	27	155
Purchased svcs, rental & other	929	46	975
Insurance expense	221	22	244
Depreciation	181	18	199
Utilities	19	1	20
TOTAL OPERATING EXPENSES	<u>13,375</u>	<u>1,227</u>	<u>14,603</u>
GAIN (LOSS) FROM OPERATIONS	<u>(11,918)</u>	<u>1,499</u>	<u>(10,420)</u>
NONOPERATING REVENUE:			
Property taxes	6,587	673	7,260
Sales taxes	2,663	238	2,902
Cigarette taxes	10,415	1,365	11,780
Other tobacco product taxes	434	45	479
Interest income	0		0
Retirement plan contribution	1,373	137	1,511
TOTAL NONOPERATING REVENUE	<u>21,473</u>	<u>2,458</u>	<u>23,931</u>
NET INCOME (LOSS)	<u>9,554</u>	<u>3,957</u>	<u>13,511</u>

Note: The decrease in Other Revenue is due to closing of Business Unit 7771001 - PH Communities Putting Prevent.

Cermak
Comparative Income Statement of General Funds (Unaudited)
(In Thousands)
Year to Date October 31, 2013

	<u>September 30, 2013</u>	<u>Inc (Dec)</u>	<u>October 31, 2013</u>
REVENUE:			
Other revenue	5	0	5
Total Revenue	<u>5</u>	<u>0</u>	<u>5</u>
OPERATING EXPENSES:			
Salaries and wages	34,111	3,644	37,755
Employee benefits	8,447	795	9,241
Supplies	1,340	732	2,072
Purchased svs, rental & other	1,226	108	1,334
Insurance expense	710	71	781
Depreciation	176	18	194
Utilities	3		3
TOTAL OPERATING EXPENSES	<u>46,013</u>	<u>5,367</u>	<u>51,380</u>
GAIN (LOSS) FROM OPERATIONS	<u>(46,008)</u>	<u>(5,367)</u>	<u>(51,374)</u>
NONOPERATING REVENUE:			
Sales taxes	8,592	(2,649)	5,943
Interest income	0	0	0
Retirement plan contribution	3,746	375	4,120
TOTAL NONOPERATING REVENUE	<u>12,338</u>	<u>(2,274)</u>	<u>10,063</u>
NET INCOME (LOSS)	<u><u>(33,670)</u></u>	<u><u>(7,641)</u></u>	<u><u>(41,311)</u></u>

Note: The Cook County Comptroller's Office adjusted the allocation of Sales Tax thereby accounting for decrease for the month.

COOK COUNTY HEALTH AND HOSPITALS SYSTEM
FINANCIAL STATEMENT DISCLOSURE CHECKLIST

Fiscal Year 2013

OBJECTIVE:

The object of this checklist is to help determine if the form and contents of the financial statements are in conformity with the accounting standards applicable to financial statement basis of accounting.

DISCLOSURE PRINCIPLES:

Note: Management can comply with a disclosure principle by making disclosure in body of financial statements or in the notes accompanying the financial statements. In a compilation engagement, management's election to omit substantially all disclosures applies to all disclosure principles in GAAP financial statements.

	Yes, N/A, No?	If no, state reason (immaterial, estimated, etc.)
FINANCIAL STATEMENT REFERENCES:		
1. Do the financial statements reference footnotes (MD&A) or selected information?	Yes	
GENERAL DISCLOSURES:		
<u>A. Estimates:</u>		
1. General disclosure about use of estimates (MD&A)?	Yes	
2. Disclosure of possible changes in estimates?	Yes	
<u>B. Vulnerabilities do to concentrations in following areas disclosed?:</u>		
1. Customers?	Yes	
2. Suppliers?	Yes	
3. Lenders?	Yes	
4. Products?	Yes	
5. Supply of materials, labor or supplies?	Yes	
6. Location of assets in geographic area?	Yes	
<u>C. Related parties (FASB 57):</u>		
1. Known common control and economic dependency disclosure?	Yes	
2. Known transactions with related parties disclosed?	Yes	
<u>OTHER DISCLOSURE AREAS TO BE CONSIDERED:</u>		
1. Method of consolidations?	Yes	
2. Accounting changes including changes in GAAP and in estimates?	Yes	
3. Business combinations?	Yes	
4. Discontinues operations?	Yes	
5. Going concern?	Yes	

COMMENTS:

Completed by _____
Reviewed by _____

Date _____
Date _____

Cook County Health and Hospitals System

Financial Operations and Statistical Reports
(Non GAAP)

For the Month Ended October 31, 2013

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Final Cash Report

For the Month October-2013				Cumulative Cash Summary Through October-2013			
	Actual	Budget	Variance		Actual	Budget	Variance
SHCC				SHCC			
Medicare	\$ 3,706,462	\$ 4,243,399	\$ (536,937)	Medicare	\$ 53,598,834	\$ 45,856,082	\$ 7,742,752
Medicaid	15,426,295	12,326,725	3,099,570	Medicaid	107,601,748	118,336,560	(10,734,812)
Other	2,571,139	1,659,804	911,335	Other	22,972,371	17,936,595	5,035,776
Physician Billing	771,175	1,005,751	(234,576)	Physician Billing	7,893,395	10,525,857	(2,632,462)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	3,045,362	-	3,045,362
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	(38,071)	-	(38,071)	Collection Agency	(411,758)	-	(411,758)
Revenue Enhancement	(387,989)	-	(387,989)	Revenue Enhancement	(2,241,186)	-	(2,241,186)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Meaningful Use	21,250	646,471	(625,221)	Meaningful Use	6,882,838	6,986,057	(103,219)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	21,532,531	32,116,987	(10,584,456)	Waiver - Capitation	72,855,322	149,092,038	(76,236,716)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	1,527,610	-	1,527,610
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	189,296	81,230	108,066	Payments & Revenues	551,580	877,809	(326,229)
Totals	\$ 43,792,088	\$ 52,080,367	\$ (8,288,279)	Totals	\$ 274,249,050	\$ 349,610,998	\$ (75,361,948)

	Actual	Budget	Variance		Actual	Budget	Variance
PHCC				PHCC			
Medicare	\$ 96,055	\$ 219,708	\$ (123,653)	Medicare	\$ 908,177	\$ 2,374,262	\$ (1,466,085)
Medicaid	1,138,908	520,059	618,849	Medicaid	7,242,614	4,992,565	2,250,049
Other	111,343	103,848	7,495	Other	1,135,513	1,122,225	13,288
Physician Billing	66,738	45,763	20,975	Physician Billing	697,890	478,940	218,950
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	1,032,208	-	1,032,208
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(6,584)	-	(6,584)	Pharmacy Billing	(35,052)	-	(35,052)
Collection Agency	(1,378)	-	(1,378)	Collection Agency	(19,804)	-	(19,804)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	92,567	(92,567)	Meaningful Use	1,799,956	1,000,317	799,639
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	1,472,310	2,196,033	(723,723)	Waiver - Capitation	4,981,562	10,194,327	(5,212,765)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
Totals	\$ 2,877,392	\$ 3,177,978	\$ (300,586)	Totals	\$ 17,743,064	\$ 20,162,636	\$ (2,419,572)

	Actual	Budget	Variance		Actual	Budget	Variance
OFHC				OFHC			
Medicare	\$ 13,032	\$ 26,092	\$ (13,060)	Medicare	\$ 77,249	\$ 281,964	\$ (204,715)
Medicaid	425,701	156,914	268,787	Medicaid	3,088,648	1,506,373	1,582,275
Other	30,561	39,817	(9,256)	Other	413,746	430,282	(16,536)
Physician Billing	42,128	12,771	29,357	Physician Billing	347,196	133,660	213,536
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	925,566	-	925,566
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	-	-	-	Pharmacy Billing	-	-	-
Collection Agency	-	-	-	Collection Agency	(5,875)	-	(5,875)
Revenue Enhancement	-	-	-	Revenue Enhancement	-	-	-
Physician Billing Refunds	-	-	-	Physician Billing Refunds	-	-	-
Meaningful Use	-	-	-	Meaningful Use	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	-	-	-	Waiver - Capitation	-	-	-
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	-	-	-
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	-	-	-	Payments & Revenues	-	-	-
Totals	\$ 511,422	\$ 235,594	\$ 275,828	Totals	\$ 4,846,530	\$ 2,352,279	\$ 2,494,251

	Actual	Budget	Variance		Actual	Budget	Variance
SYSTEM				SYSTEM			
Medicare	\$ 3,815,549	\$ 4,489,199	\$ (673,650)	Medicare	\$ 54,584,260	\$ 48,512,308	\$ 6,071,952
Medicaid	16,990,904	13,003,698	3,987,206	Medicaid	117,933,010	124,835,498	(6,902,488)
Other	2,713,043	1,803,469	909,574	Other	24,521,630	19,489,102	5,032,528
Physician Billing	880,041	1,064,285	(184,244)	Physician Billing	8,938,481	11,138,457	(2,199,976)
Medicaid Retroactive Payment	-	-	-	Medicaid Retroactive Payment	-	-	-
UPL Medicaid Payment	-	-	-	UPL Medicaid Payment	5,003,136	-	5,003,136
Vendor Payments From Revenue	-	-	-	Vendor Payments From Revenue	-	-	-
Pharmacy Billing	(6,584)	-	(6,584)	Pharmacy Billing	(35,052)	-	(35,052)
Collection Agency	(39,449)	-	(39,449)	Collection Agency	(437,437)	-	(437,437)
Revenue Enhancement	(387,989)	-	(387,989)	Revenue Enhancement	(2,241,186)	-	(2,241,186)
Physician Billing Refunds	-	-	-	Physician Billing Refunds	(27,066)	-	(27,066)
Physician Contract	-	-	-	Physician Contract	-	-	-
Payments & Revenues	189,296	81,230	108,066	Payments & Revenues	551,580	877,809	(326,229)
Meaningful Use	21,250	739,038	(717,788)	Meaningful Use	8,682,794	7,986,374	696,420
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver - Capitation	23,004,841	34,313,020	(11,308,179)	Waiver - Capitation	77,836,884	159,286,365	(81,449,481)
CountyCare / 1115	-	-	-	CountyCare / 1115	-	-	-
Waiver -	-	-	-	Waiver -	-	-	-
Administrative Fees	-	-	-	Administrative Fees	1,527,610	-	1,527,610
DSH	13,528,186	12,567,309	960,877	DSH	146,888,292	138,240,399	8,647,893
Retro-Active DSH	-	-	-	Retro-Active DSH	10,374,628	-	10,374,628
BIPA	-	-	-	BIPA	93,900,000	93,751,000	149,000
Medicaid Malpractice Retro	-	-	-	Medicaid Malpractice Retro	-	-	-
Totals	\$ 60,709,088	\$ 68,061,248	\$ (7,352,160)	Totals	\$ 548,001,564	\$ 604,117,312	\$ (56,115,748)

Included in SHCC's cumulative Medicare revenue for FY 2013 are cost report settlements totaling \$4,889,764.

PHCC has returned \$980,957 in Medicare cost reports settlements this fiscal year.
PHCC has received \$240,117 in Medicare cost reports settlements this fiscal year.

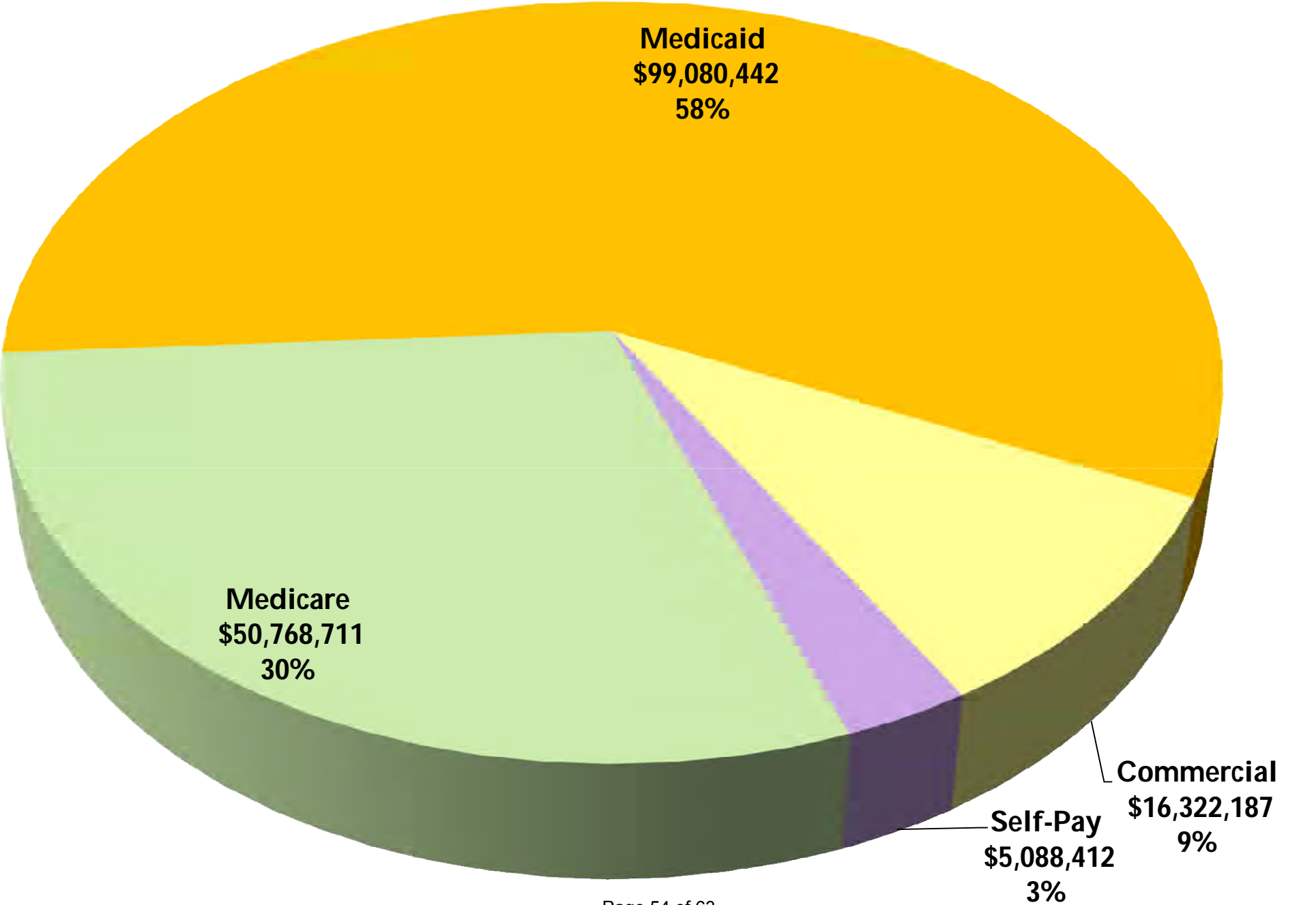
OFHC has returned \$61,169 in Medicare cost reports settlements this fiscal year.

The Medicaid fee-for-service revenue through the IGT covers the period beginning week ended 09/18/13 - 10/16/13.

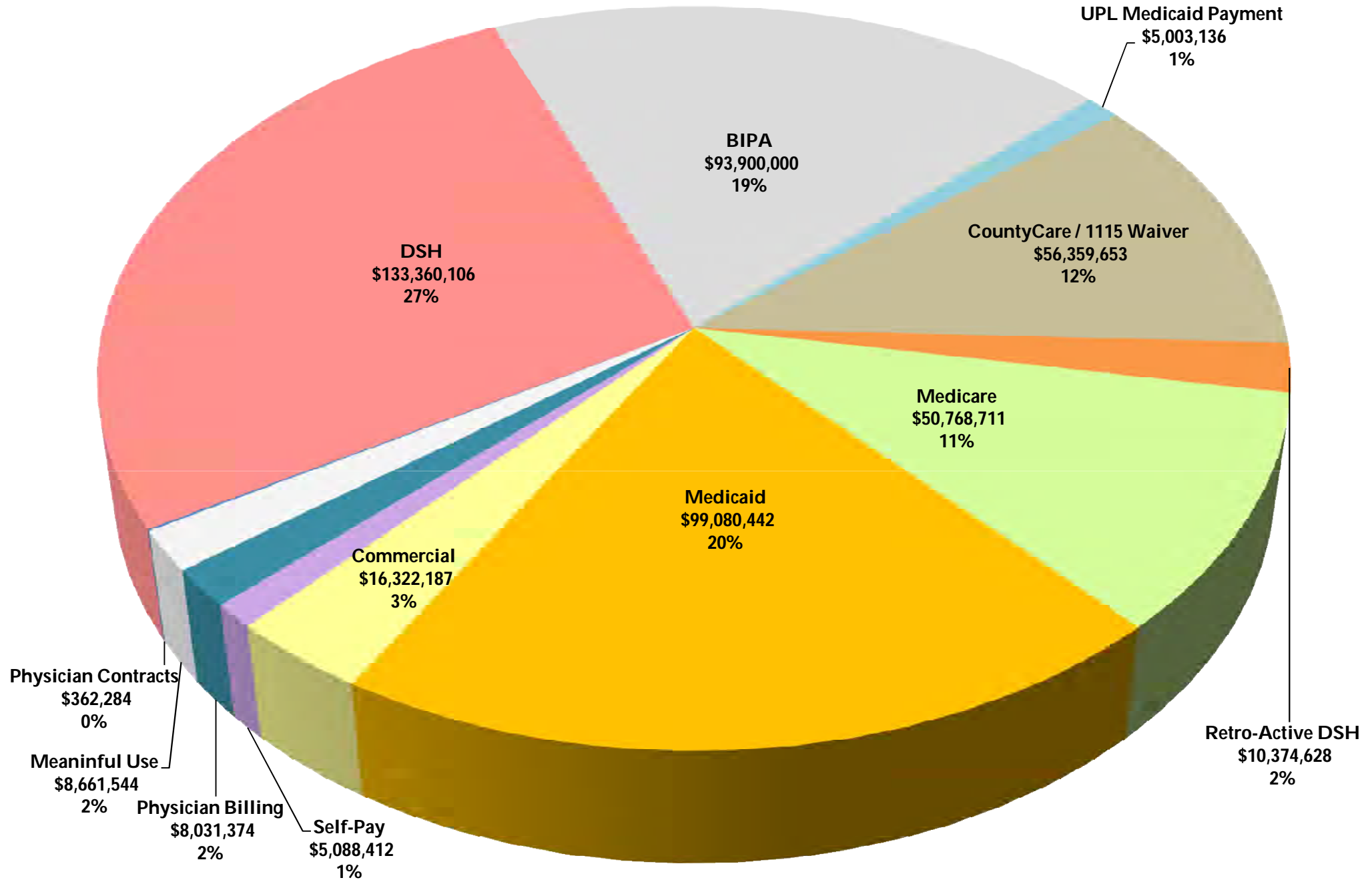
Vendor Payments From Revenue are payments out of revenue posted by the County Comptroller. Pharmacy Billing and Revenue Enhancement payments are reductions to Medicaid revenue. Collection Agency payments are reductions to Self-Pay (Other) revenue. Physician Billing payments include refunds processed by CCHHS. Included in the "Revenue Enhancement" totals are payments to the state for supplemental workers hired to help clear the Medicaid backlog.

The Meaningful Use budget is spread over 12 months, as it is not known in which month this payment will be received. Meaningful Use includes both the Medicare and Medicaid portions.

**CCHHS Cumulative Net Patient Fee Cash Receipts
Through October-2013**



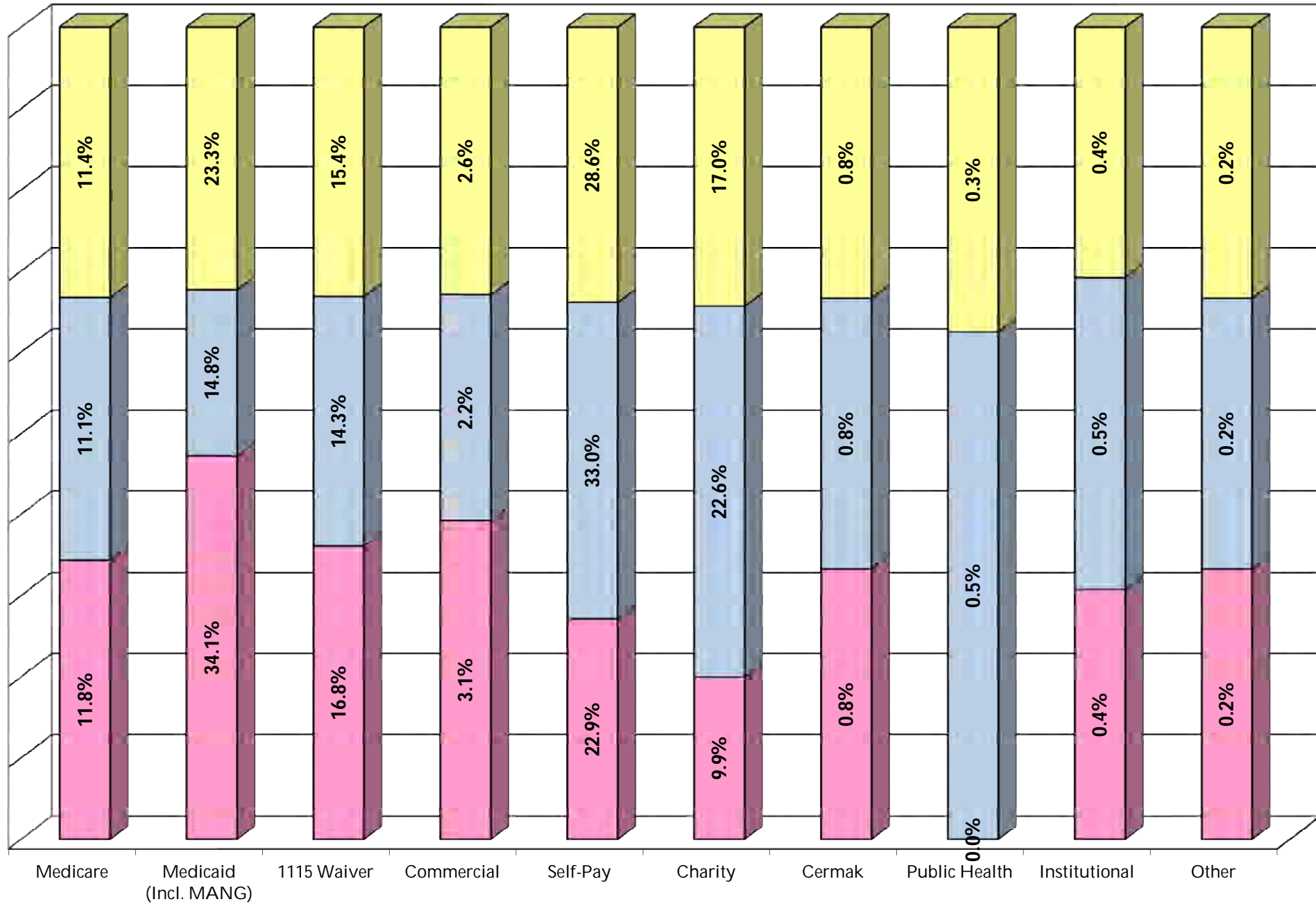
CCHHS Cumulative Total Net Cash Receipts Through October-2013



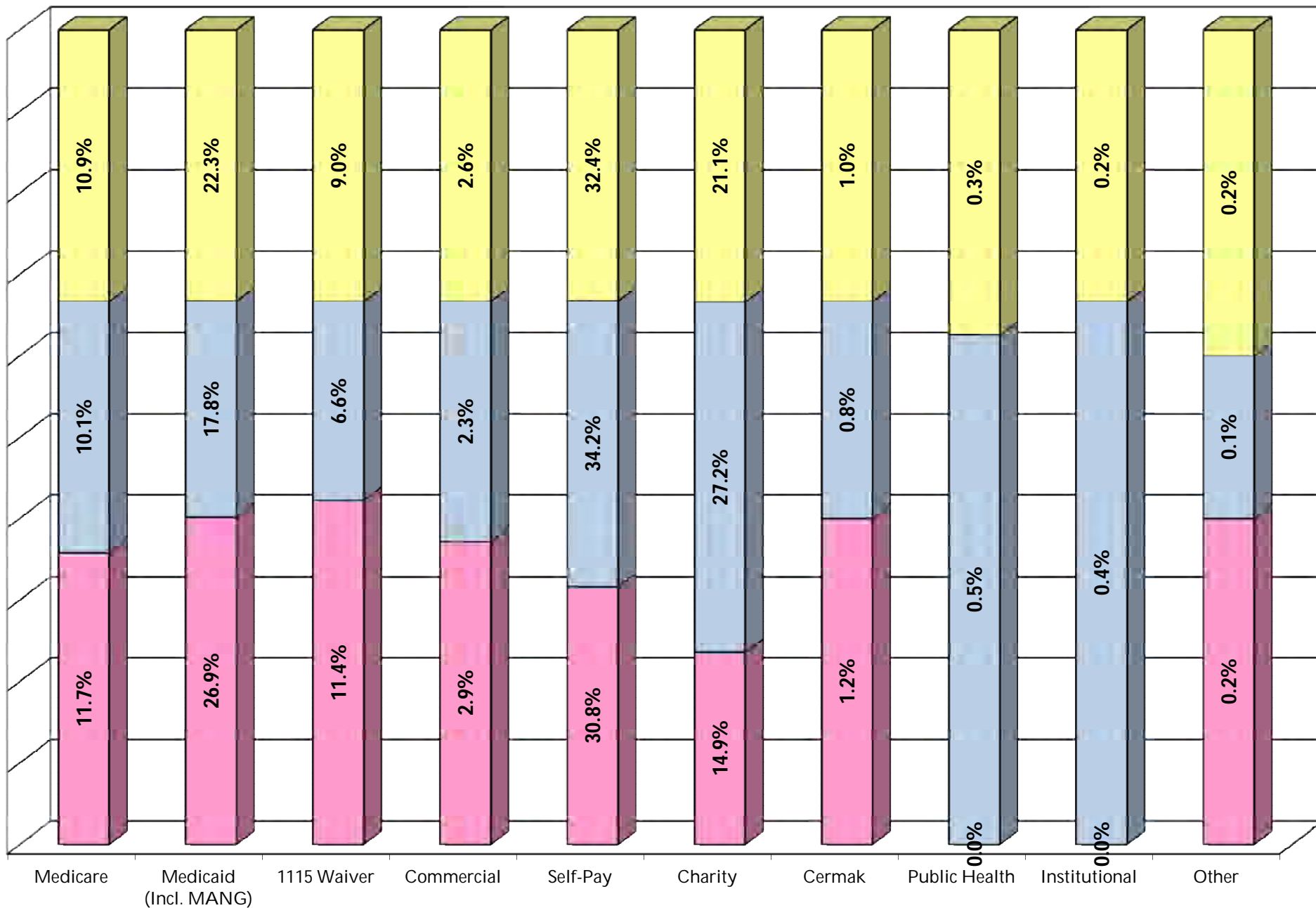
**Cook County Health Facilities
System Expenses per Adjusted Patient Days
Budget and Actual (Non-GAAP Budget Basis)
As of October 31, 2013**

<u>Institution</u>	<u>Actual</u>	<u>Budget</u>	<u>Variance</u>
Stroger	\$ 4,369	\$ 4,092	-6.78%
Provident	\$ 4,181	\$ 3,865	-8.17%

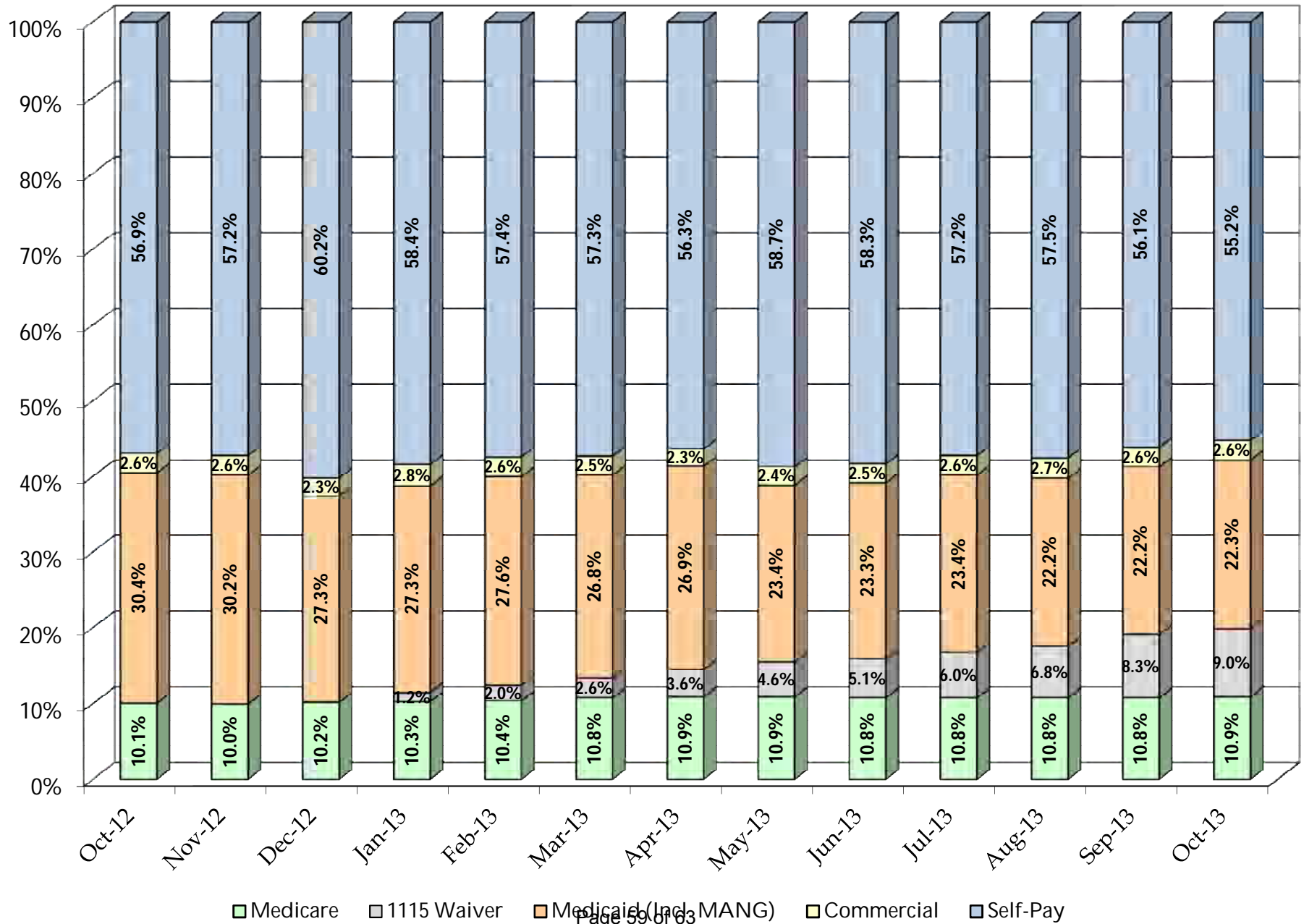
CCHHS IP, OP, And Combined Payer Mix For Oct-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Vendor Successfully Converted To Medicaid



**Cumulative CCHHS IP, OP, And Combined Payer Mix Through Oct-2013 (Based Upon Charges)
Assumes 30% Of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid**



IP And OP Cumulative Combined Payer Mix Comparison (Based Upon Charges)
Cook County Health And Hospitals System
Prior 13 Months Ending Oct-2013
Assumes 30% of Accounts Accepted By Eligibility Vendor Successfully Converted To Medicaid



CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
October-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	201	253	(52)	14	18	(4)	215	271	(56)
Medicaid	322	614	(292)	9	20	(11)	331	634	(303)
Medicaid-Pending	140	-	140	6	-	6	146	-	146
1115 Waiver	184	-	184	32	-	32	216	-	216
Commercial	41	41	-	1	3	(2)	42	44	(2)
Self-Pay	716	1,177	(461)	33	97	(64)	749	1,274	(525)
Charity	183	-	183	7	-	7	190	-	190
Cermak	24	-	24	-	-	-	24	-	24
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	1	-	1	-	-	-	1	-	1
Workmens' Compensation	1	-	1	-	-	-	1	-	1
Total Admissions	1,813	2,085	(272)	102	138	(36)	1,915	2,223	(308)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	937	1,032	(95)	67	76	(9)	1,004	1,108	(104)
Medicaid	1,775	3,378	(1,603)	25	91	(66)	1,800	3,469	(1,669)
Medicaid-Pending	753	-	753	38	-	38	791	-	791
1115 Waiver	759	-	759	137	-	137	896	-	896
Commercial	231	353	(122)	1	11	(10)	232	364	(132)
Self-Pay	3,419	4,858	(1,439)	184	339	(155)	3,603	5,197	(1,594)
Charity	669	-	669	32	-	32	701	-	701
Cermak	87	-	87	-	-	-	87	-	87
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	1	-	1	-	-	-	1	-	1
Workmens' Compensation	6	-	6	-	-	-	6	-	6
Total Patient Days	8,637	9,621	(984)	484	517	(33)	9,121	10,138	(1,017)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	1,843	2,364	(521)	251	340	(89)	2,094	2,704	(610)
Medicaid	3,334	7,737	(4,403)	77	407	(330)	3,411	8,144	(4,733)
Medicaid-Pending	1,481	-	1,481	142	-	142	1,623	-	1,623
1115 Waiver	1,493	-	1,493	513	-	513	2,006	-	2,006
Commercial	454	809	(355)	4	49	(45)	458	858	(400)
Self-Pay	6,724	11,126	(4,402)	690	388	302	7,414	11,514	(4,100)
Charity	1,316	-	1,316	120	-	120	1,436	-	1,436
Cermak	171	-	171	-	-	-	171	-	171
Grants	-	-	-	-	-	-	-	-	-
Institutional	-	-	-	-	-	-	-	-	-
Public Health	2	-	2	-	-	-	2	-	2
Workmens' Compensation	12	-	12	-	-	-	12	-	12
Total Adjusted Patient Days	16,830	22,036	(5,206)	1,797	1,184	613	18,627	23,220	(4,593)

Average Length of Stay

Payer Type	Stroger Hospital			Provident Hospital		
	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	4.7	4.8	(0.1)	4.3	3.7	0.6
Medicaid	5.3	4.8	0.5	2.8	3.7	(0.9)
Medicaid-Pending	4.7	4.8	(0.1)	3.9	3.7	0.2
1115 Waiver	4.3	4.8	(0.5)	3.5	3.7	(0.2)
Commercial	6.6	4.8	1.8	-	-	-
Self-Pay	4.6	4.8	(0.2)	5.2	3.7	1.5
Charity	4.0	4.8	(0.8)	5.6	3.7	1.9
Grants	-	-	-	-	-	-
Cermak	4.2	4.8	(0.6)	-	-	-
Institutional	-	-	-	-	-	-
Public Health	1.0	4.8	(3.8)	-	-	-
Workmens' Compensation	6.0	4.8	1.2	-	-	-
Overall Average LOS	4.7	4.8	(0.1)	4.3	3.7	0.6

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative For Fiscal Year 2013 Through October-2013

Admissions

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	2,628	2,321	307	182	207	(25)	2,810	2,528	282
Medicaid	5,283	6,733	(1,450)	215	256	(41)	5,498	6,989	(1,491)
Medicaid-Pending	180	-	180	6	-	6	186	-	186
1115 Waiver	838	-	838	90	-	90	928	-	928
Commercial	480	607	(127)	30	31	(1)	510	638	(128)
Self-Pay	8,995	12,134	(3,139)	585	1,027	(442)	9,580	13,161	(3,581)
Charity	2,661	-	2,661	188	-	188	2,849	-	2,849
Cermak	309	-	309	1	-	1	310	-	310
Grants	2	-	2	-	-	-	2	-	2
Institutional	2	-	2	-	-	-	2	-	2
Public Health	9	-	9	1	-	1	10	-	10
Workmens' Compensation	13	-	13	-	-	-	13	-	13
Total Admissions	21,400	21,795	(395)	1,298	1,521	(223)	22,698	23,316	(618)

Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	11,677	11,154	523	801	819	(18)	12,478	11,973	505
Medicaid	26,535	36,505	(9,970)	878	981	(103)	27,413	37,486	(10,073)
Medicaid-Pending	889	-	889	44	-	44	933	-	933
1115 Waiver	3,960	-	3,960	378	-	378	4,338	-	4,338
Commercial	2,745	3,817	(1,072)	88	122	(34)	2,833	3,939	(1,106)
Self-Pay	42,740	52,498	(9,758)	2,390	3,660	(1,270)	45,130	56,158	(11,028)
Charity	10,706	-	10,706	663	-	663	11,369	-	11,369
Cermak	1,253	-	1,253	1	-	1	1,254	-	1,254
Grants	33	-	33	-	-	-	33	-	33
Institutional	29	-	29	-	-	-	29	-	29
Public Health	36	-	36	2	-	2	38	-	38
Workmens' Compensation	130	-	130	-	-	-	130	-	130
Total Patient Days	100,733	103,974	(3,241)	5,245	5,582	(337)	105,978	109,556	(3,578)

Adjusted Patient Days

Payer Type	Stroger Hospital			Provident Hospital			System Total		
	Actual	Budget	Variance	Actual	Budget	Variance	Actual	Budget	Variance
Medicare	22,641	24,980	(2,339)	2,780	3,466	(686)	25,421	28,446	(3,025)
Medicaid	51,093	81,678	(30,585)	2,938	4,163	(1,225)	54,031	85,841	(31,810)
Medicaid-Pending	1,747	-	1,747	162	-	162	1,909	-	1,909
1115 Waiver	7,717	-	7,717	1,369	-	1,369	9,086	-	9,086
Commercial	5,328	8,554	(3,226)	304	518	(214)	5,632	9,072	(3,440)
Self-Pay	82,873	117,606	(34,733)	8,182	8,061	121	91,055	125,667	(34,612)
Charity	20,752	-	20,752	2,238	-	2,238	22,990	-	22,990
Cermak	2,430	-	2,430	3	-	3	2,433	-	2,433
Grants	65	-	65	-	-	-	65	-	65
Institutional	57	-	57	-	-	-	57	-	57
Public Health	71	-	71	7	-	7	78	-	78
Workmens' Compensation	254	-	254	-	-	-	254	-	254
Total Adjusted Patient Days	195,028	232,818	(37,790)	17,983	16,208	1,775	213,011	249,026	(36,015)

CCHHS Utilization Factors
Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Emergency Room And Immediate Care Visits For October-2013

Stroger Hospital

Payer Type	ER Patients	Admissions From ER	Total Visits		Total Visits & Elopes
	Treated And Released		Before Elopes	ER Elopes	
Medicare	587	170	757	47	804
Medicaid	1,240	180	1,420	128	1,548
Medicaid-Pending	38	98	136	8	144
1115 Waiver	974	119	1,093	43	1,136
Commercial	223	30	253	9	262
Self-Pay	5,162	529	5,691	525	6,216
Charity	710	106	816	62	878
Cermak	60	23	83	-	83
Grants & Research	3	-	3	-	3
Public Health	6	1	7	1	8
Institutional	18	-	18	1	19
Workmens' Compensation	4	-	4	-	4
Totals	9,025	1,256	10,281	824	11,105
		Budget	10,619		
		Variance	(338)		

Provident Hospital

Payer Type	Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	180	14	194	7	201
Medicaid	378	9	387	31	418
Medicaid-Pending	5	6	11	1	12
1115 Waiver	345	27	372	16	388
Commercial	74	1	75	2	77
Self-Pay	1,553	27	1,580	137	1,717
Charity	159	5	164	10	174
Cermak	1	-	1	-	1
Grants & Research	-	-	-	-	-
Public Health	5	-	5	1	6
Institutional	5	-	5	-	5
Workmens' Compensation	1	-	1	-	1
Totals	2,706	89	2,795	205	3,000
		Budget	2,795		
		Variance	-		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	57
Medicaid	70
Medicaid-Pending	-
1115 Waiver	222
Commercial	30
Self-Pay	886
Charity	159
Cermak	-
Grants & Research	-
Public Health	1
Institutional	1
Workmens' Compensation	-
Totals	1,426
	Budget 1,661
	Variance (235)

ER and Immediate Care Total

Payer Type	ER Patients				Total ER and Immediate Care Visits with Elopes	
	Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	
Medicare	767	184	57	1,008	54	1,062
Medicaid	1,618	189	70	1,877	159	2,036
Medicaid-Pending	43	104	-	147	9	156
1115 Waiver	1,319	146	222	1,687	59	1,746
Commercial	297	31	30	358	11	369
Self-Pay	6,715	556	886	8,157	662	8,819
Charity	869	111	159	1,139	72	1,211
Cermak	61	23	-	84	-	84
Grants & Research	3	-	-	3	-	3
Public Health	11	1	1	13	2	15
Institutional	23	-	1	24	1	25
Workmens' Compensation	5	-	-	5	-	5
Totals	11,731	1,345	1,426	14,502	1,029	15,531
ER and Immediate Care Budget				15,075		
Variance				(573)		

Percent Of Admissions From Emergency Room For Month Of October-2013

	SHCC	PHCC	CCHHS
ER Admissions	1,256	89	1,345
Total Admissions	1,813	102	1,915
% of ER Admissions	69%	87%	70%

Emergency Room Elope Percentage For Month Of October-2013

	SHCC	PHCC	CCHHS
ER Elopes	824	205	1,029
Total Visits with Elopes	11,105	3,000	14,105
% of ER Elopes	7%	7%	7%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.
- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.
- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

CCHHS Utilization Factors

**Assumes 30% of Accounts Accepted by Eligibility Vendor Successfully Converted to Medicaid
Cumulative Emergency Room And Immediate Care Visits Through October-2013**

Stroger Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Total Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	5,239	2,139	7,378	633	8,011
Medicaid	21,235	3,544	24,779	2,549	27,328
Medicaid-Pending	105	122	227	14	241
1115 Waiver	3,273	571	3,844	321	4,165
Commercial	2,455	334	2,789	176	2,965
Self-Pay	53,420	6,823	60,243	7,431	67,674
Charity	9,190	1,747	10,937	923	11,860
Cermak	557	283	840	19	859
Grants & Research	14	2	16	3	19
Public Health	122	7	129	48	177
Institutional	153	2	155	10	165
Workmens' Compensation	38	9	47	4	51
Totals	95,801	15,583	111,384	12,131	123,515
		Budget	114,751		
		Variance	(3,367)		

Provident Hospital

Payer Type	ER Patients Treated And Released	Admissions From ER	Visits Before Elopes	ER Elopes	Total Visits & Elopes
Medicare	1,844	170	2,014	147	2,161
Medicaid	5,202	207	5,409	679	6,088
Medicaid-Pending	9	6	15	1	16
1115 Waiver	1,197	77	1,274	85	1,359
Commercial	795	29	824	65	889
Self-Pay	15,928	541	16,469	1,977	18,446
Charity	3,033	142	3,175	258	3,433
Cermak	9	1	10	1	11
Grants & Research	2	-	2	-	2
Public Health	34	1	35	7	42
Institutional	33	-	33	1	34
Workmens' Compensation	2	-	2	1	3
Totals	28,088	1,174	29,262	3,222	32,484
		Budget	30,197		
		Variance	(935)		

Oak Forest Health Center

Payer Type	Immediate Care Visits
Medicare	597
Medicaid	964
Medicaid-Pending	-
1115 Waiver	687
Commercial	257
Self-Pay	9,125
Charity	2,674
Cermak	-
Grants & Research	-
Public Health	25
Institutional	5
Workmens' Compensation	4
Totals	14,338
	Budget 17,954
	Variance (3,616)

ER and Immediate Care Total

Payer Type	ER Patients Treated And Released	Admissions From ER	Immediate Care Visits	Total Visits Before Elopes	ER Elopes	Total ER and Immediate Care Visits with Elopes
Medicare	7,083	2,309	597	9,989	780	10,769
Medicaid	26,437	3,751	964	31,152	3,228	34,380
Medicaid-Pending	114	128	-	242	15	257
1115 Waiver	4,470	648	687	5,805	406	6,211
Commercial	3,250	363	257	3,870	241	4,111
Self-Pay	69,348	7,364	9,125	85,837	9,408	95,245
Charity	12,223	1,889	2,674	16,786	1,181	17,967
Cermak	566	284	-	850	20	870
Grants & Research	16	2	-	18	3	21
Public Health	156	8	25	189	55	244
Institutional	186	2	5	193	11	204
Workmens' Compensation	40	9	4	53	5	58
Totals	123,889	16,757	14,338	154,984	15,353	170,337
			ER and Immediate Care Budget	162,902		
			Variance	(7,918)		

Cumulative Percent Of Admissions From Emergency Room Through October-2013

	SHCC	PHCC	CCHHS
ER Admissions	15,583	1,174	16,757
Total Admissions	21,400	1,298	22,698
% of ER Admissions	73%	90%	74%

Cumulative Emergency Room Elope Percentage Through October-2013

	SHCC	PHCC	CCHHS
ER Elopes	12,131	3,222	15,353
Total Visits with Elopes	123,515	32,484	155,999
% of ER Elopes	10%	10%	10%

(This data does not include Immediate Care Visits. It includes ER data only.)

Notes:

- ER Elopes are patients who leave without being seen by a physician.

- "Medicaid-Pending" assumes 30% of the Self-Pay accounts accepted by the eligibility vendor will be successfully converted to Medicaid accounts.

- The "Payer Type" represents the financial class in which the patient presented to CCHHS; it is not necessarily the final financial class for the patient, especially for Self-Pay patients.

**CCHHS Utilization Factors
ACHN Clinic Visits - October-2013**

ACHN Clinic Visits - October-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	35,087	33,755	1,332
WEST CLUSTER	5,825	6,285	(460)
SOUTH CLUSTER	5,705	6,070	(365)
SOUTH SUBURBAN CLUSTER	5,600	5,713	(113)
Total ACHN Visits	52,217	51,823	394

Cumulative ACHN Clinic Visits Through October-2013

	Actual	Budget	Variance
FANTUS / STROGER SCC CAMPUS	357,778	364,768	(6,990)
WEST CLUSTER	60,627	67,903	(7,276)
SOUTH CLUSTER	64,927	65,593	(666)
SOUTH SUBURBAN CLUSTER	62,287	61,739	548
Total ACHN Visits	545,619	560,003	(14,384)